

Report title:	Norfolk and Waveney Sustainability & Transformation Partnership (STP) – Update including the integration of health and care services
Date of meeting:	17 July 2018
Sponsor (H&WB member):	Patricia Hewitt, STP Chair/ Melanie Craig, STP Interim Executive Lead

Reason for the report

The purpose of this paper is to update members of the Health & Wellbeing Board (HWB) on the Norfolk and Waveney STP, including the integration of health and care services.

Report summary

This paper provides an update on the integration of health and care services in Norfolk and Waveney, information about significant developments with STP projects and an update on what the STP Chairs' Oversight Group has been discussing. It focuses on the development of our integrated care system (ICS), the development of a long-term strategy for mental health, improvements to maternity services, how we can use technology to improve health and wellbeing, and our estates strategy.

Action/decisions needed:

Members of the Health and Wellbeing Board are asked to:

1. support the continued development of our integrated care system
2. endorse conducting a strategic review of mental health services and the development of a long-term mental health strategy for Norfolk and Waveney
3. agree to align the work programmes of the STP and the Health and Wellbeing Board
4. agree to receive two reports from the STP at future meetings; a paper providing an overview of progress and a detailed report into one of the strategic workstreams

1. NHS 70

- 1.1 The National Health Service celebrated its 70th birthday on 5 July 2018. This milestone has given the NHS and the nation the perfect opportunity to celebrate the achievements of one of our most loved institutions, to appreciate the vital role the service plays in our lives, and to recognise and thank the extraordinary NHS staff – the everyday heroes – who are there to guide, support and care for us, day in, day out.
- 1.2 Alongside this, there is also a focus on looking forward, considering what the next 70 years could bring and thinking about how the NHS and care services need to change and adapt. The NHS is publishing a 'Spotlight Series' about how the NHS could look in the future, which are well worth reading: www.england.nhs.uk/nhs70/spotlight-series.
- 1.3 With the future in mind, senior STP leaders and clinicians were invited by Simon Stevens, NHS Chief Executive, to a special event in London on 6 June to talk about what the future holds for health and social care systems and integrated care. Melanie Craig attended on behalf of our STP.
- 1.4 Throughout the day, the NHS Executive expressed sincere thanks to all frontline staff for their commitment to delivering services through last winter. The focus of the event was about how the NHS must change to meet the rising demands on services as our elderly population grows. The message was clear; integrated care systems are the future of care provision.
- 1.5 **Key messages for all STPs** were:
 - Individual organisations will not be able to respond to the high demands of the frail elderly – our mission must be to serve the NHS and the population, by working much more closely together
 - Integrated care systems (health and social care) must be delivered – integrated care on a population health budget basis
 - Every STP must measure its progress on three practical delivery tests:
 - Care must be joined up between teams and organisations
 - Care must be anticipatory
 - Care must be about sharing control
 - Each system must have a clear financial strategy
- 1.6 These messages and the infographic at the end of this report were shared with the Norfolk and Waveney STP Chairs Oversight Group meeting on 7 June, which was also attended by the STP Executive members. Integrated care systems are the future, and the group agreed that our system wide work will be simplified to deliver transparency, pace and rigour, working with our partners, staff, patients, carers and stakeholders to do this.

2. Integrating health and care services in Norfolk and Waveney

- 2.1 NHS England announced the creation of four new integrated care systems (ICS) on Thursday, 24 May. We're encouraged by the feedback we've received from NHS England, who've told us that they want to work with us more closely over the next six to ten months so that we are fully prepared and ready to become an ICS. We are going to continue to work towards becoming an ICS, because we believe that this will help us to accelerate the improvement in Norfolk and Waveney's health and care system.
- 2.2 NHS England has praised the speed at which our STP is progressing, in particular our work around primary and community care. They were very positive about our work to develop new models of care, improve access to GP services and make primary care more resilient, in line with the Five Year Forward View and the General Practice Forward View. A priority for our STP is to create a strong financial plan to enable the system to return to financial health.
- 2.3 We have made two appointments who will play key roles in supporting our drive towards integration. Melanie Craig, Chief Officer at NHS Great Yarmouth and Waveney CCG, has been appointed as the new Interim Executive Lead for our STP. Melanie has taken over from Antek Lejk, who left the role following his appointment as Chief Executive of the Norfolk and Suffolk NHS Foundation Trust. John Hennessey, the Finance Director at the Norfolk and Norwich University Hospitals Trust, has been appointed as the Finance Director for our STP.
- 2.4 In addition to these two key appointments, we are reviewing and simplifying our governance arrangements to make sure they are streamlined and inclusive of colleagues from primary care and secondary care, as well as the voluntary, community and social enterprise sector and patients / service users.
- 2.5 The Suffolk and North East Essex STP was announced as one of the four new ICS. We work closely with our colleagues in our neighbouring STPs and we will be able to learn from their experience as we continue to develop our plans for closer working between health and care organisations.
- 2.6 NHS England has not confirmed the timescales or process for the development of additional ICS, however we are working towards being ready for spring 2019.
- 2.7 Here is a summary of the key steps we are taking to develop our ICS:

Modelling our finances, demand and capacity across the health and care system

- 2.8 We have just started 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.
- 2.9 This review is building on all of the work we have done to date and will provide us with a more detailed picture of the impact of the changes we are making. It will enable us to use our collective capacity better, help us to meet the standards expected of us and ultimately improve the care we provide. We have commissioned

some external support to help us with the review. This work started in June and will be complete by the end of 2018.

Organisational development

2.10 To support all of this we are putting in place an organisational development programme across all the partners involved in our STP. NHS England has funded some external support to do this from Deloitte. As part of this process, they have begun to speak to key organisations and people involved in health and care across Norfolk and Waveney, including representatives of the voluntary, community and social enterprise sector, about how health and care organisations currently work together and areas for improvement.

3. Developing a long-term strategy for mental health

3.1 We are conducting a strategic review of mental health services to help us write our ten year mental health strategy for Norfolk and Waveney. Mental health is everyone's responsibility. Improving the services and support is a priority for our STP, we need integrate mental health care with physical health and other care services.

3.2 The aims of our review are to:

- Provide clear recommendations for the strategic direction of mental health services in Norfolk and Waveney, including a priority to promote resilience and wellbeing and improve prevention
- Explore opportunities for improvements in quality across services, including an end to out-of-area placements
- Review patterns of demand across the county to ensure services are meeting the needs of local populations
- Consider the key outcomes of mental health services across Norfolk and Waveney, compared with other similar areas.

3.3 We are working very closely with colleagues in Suffolk who are conducting a very similar piece of work. We have commissioned some external support to help us with our review. Engagement with service users and professionals from primary care, secondary care and mental health services will be critical. Our 'Breaking the Mould' event on 1 May 2018 started this engagement and we are developing a full engagement programme for the year ahead. The review will be completed by the end of 2018 and the strategy written by next spring.

4. More funding for suicide prevention

4.1 We have been awarded £374,000 to help prevent suicide. Suicide is an important public health issue and a priority for Norfolk, given our relatively high local rate (12.4 suicides per 100,000 people, which is higher than the national average of 10.1) equating to 95 suicides in Norfolk each year for the last three years.

4.2 The Norfolk and Waveney STP has endorsed the Suicide Prevention 'I am (really not) okay' strategy and action plan (2016-2021) which sets out what we are doing to meet the national target of reducing suicide by 10% by 2020/21. A multi-agency partnership has made good progress on implementing the strategy and action plan, such as developing and publicising resources to support both people in crisis and

professionals. The funding will be used to enhance this work which is already underway.

- 4.3 The STP is in the process of applying to become a member of the National Suicide Prevention Alliance (NSPA), which is an alliance of public, private and voluntary organisations in England who care about suicide prevention and are willing to take action to reduce suicide and support those bereaved or affected by suicide. Membership will give us access to information, reports, good practice and guidance, as well as opportunities to collaborate with other members.

5. Leading the way in making maternity services more personal

- 5.1 The Norfolk and Waveney STP is one of ten areas across the country which will be piloting new ways of providing maternity services from this October. The National Maternity Review, Better Births, recommended that most of a woman's maternity care, including during labour and birth, should be provided by the same midwife or a small team of midwives known to the woman. This is regardless of whether they want their baby to be born in the community or hospital.
- 5.2 Most maternity services in England do not work in this way at the moment. Many women already see the same midwife or a small team of midwives that they know in the antenatal and postnatal periods. Our aim is to have the same midwife or team of midwives looking after the woman during labour as well. Currently that part of care is provided by hospital midwives.
- 5.3 From October our three hospitals will be trialling different ways of working so that pregnant women are cared for by one midwife or a small team of midwives. Mothers and partners have told us that when they have built-up a relationship with a midwife it has helped them to feel more comfortable, less worried about things and more trusting of the professional caring for them. This way of working means that pregnant women don't have to repeat their wishes or medical history to lots of different midwives, which we know is particularly important for those with complex pregnancies.
- 5.4 We are going to pilot working in this way and each hospital has chosen a small group of women to experience how this could work. At the James Paget University Hospital they are going to focus on providing continuity of carer to pregnant women who smoke in order to support them to stop smoking. The Norfolk and Norwich University Hospital are going to focus on providing continuity of carer for women who live in the most deprived areas of the city. At the Queen Elizabeth Hospital they are going to provide continuity of carer for those with low-risk births, with the aim of increasing the number of births delivered in the Midwife Led Birth Unit or at home.
- 5.5 Professor Jacque Dunkley-Bent OBE, Head of Maternity, Children and Young People at NHS England, visited the Norfolk and Waveney Local Maternity System on 29 May to support us with our planning and the roll out of our pilot models for delivering continuity of carer. The pilots will start in October 2018. Our ambition is that by March 2019, 20% of women from across Norfolk and Waveney will be offered continuity of carer when they get pregnant. We will be increasing our offering and including more groups of women year-on-year.

6. Norfolk and Waveney Digital Strategy – using technology to improve health and care

- 6.1 We are making good progress with the development of our digital strategy for Norfolk and Waveney's health and care system. This work is being led by our new Chief Information Officer, Anthony Lundrigan, who works both for the STP and the Norfolk and Norwich University Hospital (NNUH), and Shawn Haney, who's leading on Electronic Patient Records for our five CCGs.
- 6.2 People sometimes assume that all the IT systems already speak to each other in the NHS and local councils. Sadly that's not the case. Most hospitals run anything up to 100 different IT systems, many of which don't talk to each other - let alone to the different systems used in GP practices and social care teams. And lots of vital information about patients is still kept on paper.
- 6.3 We want to use technology to make sure that as a patient:
- You don't have to repeat your story over and over again
 - Your GP, community nurse, social worker, ambulance paramedic or hospital staff all know what everyone else is doing to look after you, so that they don't waste time collecting information or risk prescribing medicines that don't go with other medicines you're already taking
 - You (or someone else on your behalf) can look at your own records and put in details of your condition and how you prefer to be treated
 - You can monitor your own condition at home, using simple automatic kits that can alert your doctor or community nurse if there's a problem
 - You get the care you need, it's good quality care, and it's cost effective.
- 6.4 We can also better use technology to measure health outcomes, to see if the treatment you received worked.
- 6.5 One of our top priorities is developing a single care record for all health and social care organisations in Norfolk and Waveney to use. To do this, we will be working with patients, carers, staff, clinicians, GPs and the voluntary and community sector to develop one vision and a clear plan for how this will work. This includes making sure that people's personal health and care records are kept absolutely safe and secure, that health and care staff can only access it in when they really need to and that people are able to decide whether or not their information should be shared.
- 6.6 One exciting development is the Eclipse system, invented by a local GP, Dr Julian Brown. Eclipse, which is already available to GP surgeries all over the country, analyses information from GP records. It can be used by GPs to identify patients that might need different treatment. For example GPs could use it to identify patients that they haven't seen for a while but who have visited A&E on a few occasions because of an ongoing long-term condition, like breathing problems. The GP could then invite them to an appointment to talk about how they are managing their condition and whether they need to change their treatment or medication. This is better for the patient, as they get the support they need from their local GP surgery and don't have to go to hospital in an emergency. It also helps reduce the pressure on our ambulance service and A&E.

7. Our Estates Strategy – using our land and buildings to improve health and care

- 7.1 Health and care services are run from a wide range of buildings right across Norfolk and Waveney, including county council and district council centres, GP surgeries, local health centres and community facilities, as well as the three acute hospitals. As an STP we've been looking at whether we have the right buildings, in the right places, to provide more integrated care, nearer to where people live. It's also vital to make the most efficient use of all our resources (unfortunately, some of our buildings are currently under-occupied) and reduce the backlog of maintenance.
- 7.2 The Estates Strategy we are developing will also be used to support bids for NHS capital funding; in future, all these will go through the STP. Our first priority is to decide which capital bids will go forward to NHS England in July (the deadline for the next bidding round). Over the next twelve months, we will be considering where to co-locate services together with general practice. In 19 different places across Norfolk and Waveney we want social workers, physiotherapists, occupational therapists, community matrons, district nurses, community mental health workers and so on to be based together and working closely with groups of GP practices.

8. Reporting to the Norfolk Health and Wellbeing Board

- 8.1 To enable closer working between the STP and the Health and Wellbeing Board, it is proposed that their work programmes are aligned. To make sure that members of the Board understand what the STP is doing and are more actively involved in its work, it is proposed that the STP provides two reports at future meetings. The first, like this one, to provide an overview of progress towards the integration of health and care services, as well as important developments for our health and care system. The second would be a detailed report into one of the strategic workstreams of the STP.

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This helpful graphic was used to explain why health and care services need to change:

