

Report title:	Norfolk and Waveney Sustainability and Transformation Partnership (STP) update
Date of meeting:	31 October 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 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 July 2018.

Recommendations:

Members of the Health and Wellbeing Board are asked to:

- 1. Consider and comment on the report**
- 2. Identify actions that the HWB/member organisations could take to accelerate progress on delivering the changes necessary to deliver sustainable services**
- 3. Support the engagement around the mental health review**



1. Integrating health and care services in Norfolk and Waveney

- 1.1 Our partnership has been selected as one of six sustainability and transformation partnerships (STP) nationally to participate in the Aspirant Integrated Care System (ICS) Development Programme. The programme is aimed at helping health and social care leaders develop the skills they need to make accelerated progress this year and give their partnership the best chance of meeting the ICS Programme entry criteria for 2019/20.
- 1.2 The purpose of the programme is to provide space for reflection, sharing of learning, and continuing professional development for system leaders in five core areas, related to the core ICS baseline capabilities:
 - Effective leadership and relationships, capacity & capability
 - Coherent and defined population
 - Track record of delivery
 - Strong financial management
 - Focus on care redesign
- 1.3 It is a structured programme of support being delivered over 11 weeks from September to December 2018 by Optum Health Solutions (UK) and PwC, and funded by the NHS

nationally. The programme is being tailored to the needs of our health and social care system.

- 1.4 Our system was identified by regional and national NHS England and NHS Improvement colleagues as making good progress. Their support is a positive endorsement of our progress to date. Over the autumn and winter we will continue to engage the public, staff, the voluntary and community sector and other stakeholders in the development of our integrated care system.

2. System financial recovery plan

- 2.1 A priority for our STP is to create a strong financial plan to address our significant variance to our control totals and to enable the system to return to financial health. We have had detailed discussions with NHS England about the actions we are taking to address this and what more we need to do. There is a clear expectation from NHS England that we work together, are bolder and act quickly, otherwise our financial position will overshadow the good progress we are making in other areas.
- 2.2 Our System Financial Recovery Group, made-up of finance directors from all the organisations involved in our partnership, has now developed a much more detailed picture of our collective financial position than we've had previously.
- 2.3 An important first step we are taking is to move to block contracts between the clinical commissioning groups and the three hospitals. These will guarantee a regular fixed payment for patients treated. The value of the contract is independent of the number of patients treated. Block contracts work well because they are a timely, predictable and a relatively flexible payment arrangement. They mean providers of services like hospitals can predict in advance what they will be paid, and CCGs know in advance how much they will spend. There are also low transaction costs associated with block contracts.
- 2.4 A block contract has been agreed between the James Paget University Hospitals NHS Foundation Trust and NHS Great Yarmouth and Waveney CCG. The CCG and the trust have also agreed to set-up a joint Transformation Programme Board to oversee delivery of joint cost reduction and activity management programmes. Further work needs to be done to agree block contracts with the Norfolk and Norwich University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust.
- 2.5 Looking towards the next financial year, we are exploring putting in place Minimum Income Guarantee Contracts for 2019/20 with all three acute hospital trusts. These are a more sophisticated contracting arrangement, which help clinical commissioning groups and hospitals to understand their financial position and make plans for delivering services, whilst reducing the risk of spending more money than we have.
- 2.6 Our clinical commissioning groups and the providers of health services have shared more information with each other about their savings and efficiency programmes that they are currently working on. By the end of September we will have reviewed all of these to see if there are opportunities to learn from each other or identify ways of expanding savings programmes so that they save more money.
- 2.7 Cost Improvement Programmes (CIPs) are the savings and efficiency programmes run by hospitals and other NHS trusts. These are not currently jointly monitored or managed by the different healthcare providers in Norfolk and Waveney. Instead, each provider trust has their own internal process. We are going to create a Joint Provider CIP Board to align opportunities and increase the pace and rigour of cost savings and the standardisation of CIP reporting.

Demand and capacity review

- 2.8 Boston Consulting Group (BCG) has formally been awarded the contract to conduct our demand and capacity review. The purpose of the review is 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 and provide a modelling structure for the future. 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.
- 2.10 BCG are already conducting our mental health review. They will be able to make sure that these two significant pieces of work are joined-up, and provide us with a strong evidence base and detailed plans as we move towards becoming an integrated care system.

3. Developing a long-term strategy for mental health

- 3.1 Work has started on our strategic review of mental health services and the development of our ten year mental health strategy for Norfolk and Waveney. Engagement with service users and carers, as well as professionals from primary care, secondary care and mental health services, is vital to the review. A full programme of engagement has been developed, including attendance at existing local forums, public meetings and opportunities for people to take part online. Full details can be found here: <https://www.healthwatchnorfolk.co.uk/ingoodhealth/stp-mental-health/>.
- 3.2 BCG are mapping the provision of services across the region and using data analysis to assess how well they are performing against the needs of the population. They are also reviewing international best practice models for mental health provision and assessing what could work in Norfolk and Waveney.
- 3.3 The review will be completed by the end of 2018 and the strategy finalised by next spring. We are working very closely with colleagues in Suffolk who are conducting a very similar piece of work.

4. Cancer care in Norfolk and Waveney rated as good and outstanding

- 4.1 All of the CCGs in the Norfolk and Waveney have recently been rated as good or outstanding for cancer services by NHS England. In particular one year survival rates have shown a significant improvement across all five CCGs. Our patient experience scores continue to be rated as 'good' across the STP, this reflects well on the care provided across both primary and secondary care.
- 4.2 We're continuing to look for ways to improve cancer care though. Work is underway to review the pathways for lung and prostate cancer at each of the acute hospitals with a view to aligning these (whilst allowing for local variation to reflect the staffing and equipment available at each hospital). Initial changes to pathways will be made by the end of 2018 and implementation will be complete by April 2019.

4.3 A priority for the workstream is to implement the new Faecal Immunochemical Testing (FIT) for bowel cancer. It is a relatively simple testing process which should speed-up ruling out a cancer diagnosis. It should lead to earlier detection of polyps and improved prevention of colorectal cancer, as well as result in a reduction in invasive hospital procedures and unnecessary travel to hospital for patients. We are going to pilot FIT in primary care as a diagnostic support tool. We want to assess the potential for the use of FIT as a risk stratification/triage tool in secondary care.

5. Developing our workforce: launch of the nursing associate training programme in Norfolk and Waveney

5.1 We have started training our first 70 nursing associates in Norfolk and Waveney. Once qualified, our new nursing associates will be an important part of the workforce in future by providing hands-on care to patients and people receiving health and social care across Norfolk and Waveney. They will join our existing healthcare support workers, nurses, care home staff and others in providing excellent care for local people.

5.2 The role will help to increase clinical competence and capability of the workforce, as well as allow for innovative approaches to workforce modelling and the use of skill mix within settings. The involvement of social care sets us apart from other areas of the country which have taken part in the first two waves of the trainee nursing associate programme.

6. Funding to modernise the NHS and our digital technology

6.1 NHS England has announced £412.5 million of funding which will be invested in the digitisation of hospital, ambulance, community and mental health providers over the next three years.

6.2 Our partnership will receive almost £7.5 million over the next three years:

	2018/19	2019/20	2020/21	Total
Revenue			£3.9m	£7.455m
Capital	£1.88m	£1.67m		

6.3 We have submitted initial proposals for how we will use the 2018/19 funding and we are now developing detailed business cases for each of these. Our proposals include:

- Electronic observations
- Outline business case for electronic patient record system
- E-roster development
- Norfolk and Waveney integrated digital care record
- SystmOne inpatient bed module for NCH&C
- Clinical decision support tool for better radiology requesting across the STP
- Business intelligence development
- Transfers of care improvements

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