Report title:	Norfolk & Waveney Sustainability & Transformation Plan (N&W STP) update – focus on implementation planning
Meeting date:	27 September 2017
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Reason for the report
The purpose of this paper is to update members of the Health & Wellbeing Board (HWB) on the N&W STP, with a focus upon our STP Delivery Plan, in line with the Next Steps of Five Year Forward View and the priorities set out in our last report in July.

Report summary
This report provides information on STP delivery. It outlines the main transformation deliverables that the STP workstreams are focused on and the key challenges faced by system partners in delivering these changes.

Note - A more detailed presentation on the proposed implementation plan will be presented on the day.

Action
The Health & Wellbeing Board is asked to:

- Consider and comment on the report

- Identify actions that the HWB/member organisations could take to accelerate progress on delivering the changes necessary to deliver sustainable services.

1.   Background

1.1   The Health and Wellbeing Board considers a report on the N&W STP at each of its meetings – here is a link to the most recent report: STP Report 12 July 2017.

2.   Update on the work of the Stakeholder Board

2.1   The STP Stakeholder Board, chaired by Graham Creelman, continues to meet monthly and provides an overview of engagement and communication plans to ensure that effective engagement and consultation takes place. The Board engages with key stakeholders from District councils, the voluntary and community sector and Healthwatch Norfolk plus other key stakeholder groups in Norfolk & Waveney. To date they have reviewed and commented on our plans for Social Prescribing and mental health service developments, including our new perinatal mental health service, which is one of the first in the country. In the last month they have commented upon our Communication Strategy which is due to be published shortly.

3. STP Delivery

3.1 We are pleased to confirm that in the recent STP Ratings that Norfolk and Waveney **STP was rated as category 2- 'Advanced'** out of 4 categories, with 4 needing the most improvement. This means that we have a good foundation upon which to work and further develop our plans with stakeholders and the public to deliver sustainable transformation. We now aspire to become an Outstanding STP-Category 1.

3.2 Appendix A outlines the key STP priorities against each of the four STP work streams, together with the respective Senior Responsible Officer and workstream lead. Information on our proposed Delivery plans, subject to further engagement and consultation, is provided below. A more detailed presentation on our proposed plan will be presented on the day.

Main transformation Deliverables

Primary & Community Care

3.3 A Director of Primary Care, Sadie Parker, has recently been appointed to lead the transformation around Primary Care across the STP in line with the GP Five Year Forward View.

3.4 As a result we propose to refocus the work stream with a stronger emphasis on Primary Care, who will take responsibility for driving the changes needed to ensure services meet the needs of local communities and ensure services are clinically sustainable.

3.5 We are proposing to develop optimal integrated care models of provision known as Multispecialty Community Providers (MCPs) by locality to ensure consistency and reduced variation across Norfolk & Waveney. This represents a key shift in the way services are delivered across Norfolk and Waveney as MCPs involve groups of GPs combining with other services such as community health services, pharmacists and mental health and social care to provide integrated community services.

3.6 As part of delivering sustainable services for local communities we propose to deliver the following changes in primary care by using an MCP approach, following local engagement and communication sessions, in line with 'The Changing Face of Primary Care'. Where appropriate we will create community hubs for community services to be accessed locally. We are currently working with our Estates teams to identify potential sites for consultation.

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 the public have access to evening and weekend appointments by March 2018 and 100% by March 2019
Change 3.	Reduce the number of people who do not attend their appointment
Change 4.	Develop the 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 partnership and collaborative working across practices building upon existing arrangements

3.7	Change 8 W	Introduce and rollout 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 w	Develop additional expertise including from clinical pharmacists and physicians associates

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ll continue to seek the views of the public in determining the exact service model within different communities and looking to other STPs across the country where we can learn from their models and adapt them to suit our communities

3.8 **Prevention** is a strong focus of our plan with projects being implemented around those areas for which there is a strong evidence base and will have the biggest impact upon people's health.

Change 1.	Expanding the diabetes prevention programme to reduce Type 2 Diabetes across the whole STP. This includes rolling out a tool across General Practice to identify those people who are most at risk of developing diabetes.
Change 2	Optimising care for patients with existing long term conditions, through improved secondary prevention and reducing complications of the disease.
Change 3	Developing with stakeholders and the public a systematic social prescribing offer
Change 4.	Targeted Lifestyle interventions to help people reduce smoking and alcohol consumption
Change 5	Extension of the Weight Management Service

3.9 The **Acute Care work stream** has several key deliverables which include;

3.10	Change 1 W e a r e	Developing the strategic direction for acute services delivery. Some of the main shifts will include moving services out into the community – for example, with service areas such as Ear, Nose and Throat (ENT) and Dermatology, where there are opportunities for more of an emphasis on community-based services.
	Change 2.	Reviewing the recommendations of the Lord Carter review and where appropriate driving efficiencies in back office functions.

currently in the process of procuring a supplier, who is due to be appointed in September, to assist us with developing a series of detailed options on service changes, for consultation towards the end of this year. In particular to address;

- How we ensure that services are clinically sustainable and of high quality by working differently across the three hospitals in particular in radiology, cardiology and urology
- How we could provide some services in a community setting which don't need to be provided in a hospital setting (ie ENT and Dermatology).

3.11 There are also detailed plans being developed to deliver;

- Improvements to **Cancer Services** and cancer outcomes, and we are still awaiting confirmation of the bids we submitted in March to finalise our plans for engagement.

- Improvements in **Maternity Services** and Delivering the National Strategy around Better Births. A draft plan for engagement will be produced in October.

3.12   Details around the deliverables for Cancer and Maternity Services will be outlined in the presentation to the Board.

3.13   Through the **Demand Management workstream** system partners are focused on improved management of planned care, ensuring consistent approaches and equitable access to a range of providers to deliver the18 week waiting time standard.

3.14   This is being driven by close, collaborative working across the 3 acute sites. Another key objective is reducing urgent and emergency activity through improved demand management (supporting the other work streams to deliver admission avoidance schemes) and reduced length of stay.

3.15   NHS England **Urgent and Emergency Care** 'Must-dos' include;

- The roll-out of the digital 111 service and clinical triage in the 111 service. We have already exceeded the national target 30% of calls or referrals to be seen by a clinician and are now putting in plans to increase this to 50%.
- The expansion of urgent treatment centres - with a target of 25% of the population to have access to a centre by March 2018.
- Work to avoid unnecessary admissions including the implementation of the new ambulance response programme and a Falls Vehicle with rapid response.
- The new streaming models in Accident & Emergency (A&E).
- There is also a system focus on improving the flow of patients through hospital to avoid delays and we have recently been commended by the Secretary of State for the significant improvements we have made in this regard.

3.16   Some of the deliverables of the **Mental Health workstream** include;

- Supporting community and primary care to provide mental health support at an early stage, in particular for people with psychosis.
- Increasing community based treatment for children and young people with mental health problems
- Reducing acute hospital use for people of all ages with reported mental health problems, including those with dementia.
- Re-designing the Mental Health Crisis Pathway to support better access to care in the community and ensure people get the care they need during crisis. We will shortly be engaging with people about these services and establishing crisis cafes
- Mental health practitioners to work alongside emergency services in Accident and Emergency Department providing 24 hour cover within the Norfolk and Norwich Hospital.
- Peri-natal mental health (supporting women with post-natal depression and pre-birth depression) which has already secured funding nationally.

3.17   The key risks and challenges for system partners are;-

- Achieving the scale and pace of change within the available resources

- Implementing the changes to ensure a sustainable workforce
- Developing our digital maturity across Norfolk and Waveney as a key enabler to change.

Officer Contact

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Prevention, Primary & Community Care workstream

1.1   The key objectives of the Prevention, Primary & Community Care workstream include:

- Improving the prevention, detection and management of major chronic illnesses

- Increasing individual and community capacity for self-care

- Developing a social prescribing model

- Developing and implementing a primary care provision model that improves access and capacity and addresses retention and recruitment in line with the GP 5 Year Forward View

- Developing and implementing optimal integrated care models (Multispecialty Community Providers) by locality to ensure consistency and reduced variation across Norfolk & Waveney

Roisin Fallon-Williams, Chief Executive of Norfolk Community Health and Care, is the SRO and **Catherine Underwood**, Director of Health Integration at Norfolk County Council, is the Lead for this workstream.

Demand Management workstream

1.2   The key objectives of the Demand Management workstream include:

- Managing the flows of patients into elective care by:
  - Reviewing procedures of limited clinical value in line with national guidance
  - Ensuring CCGs adopt consistent clinical policies and procedures across the system where appropriate
  - Ensuring effective pathways are in place
  - Ensuring consistent approaches to demand and referral management and reducing unnecessary variation in referral

- Ensuring there is good access to a range of providers and encouraging more delivery in the community where appropriate

- Ensuring our provider infrastructure has the capacity to deliver the care it needs and ensure equitable access

- Ensuring we have good quality, consistent, up to date data systems that help us track, review and adjust patient flows

Antek Lejk, Chief Officer for North Norfolk and South Norfolk CCGs is the SRO, and **Mark Burgis**, Chief Operating Officer for North Norfolk CCG, is lead for this workstream.

Acute Care workstream

1.3   The key objectives of the Acute Care workstream include:

- Developing the strategic direction for acute services delivery and exploring opportunities for back office efficiencies between the acute, community and mental health providers

- Reducing urgent and emergency activity through improved demand management (supporting the other work streams to deliver admission avoidance schemes) and reduced length of stay

- Ensuring acute clinical service sustainability at an STP footprint level across the key nominated specialty areas and their interdependencies by working collaboratively across the 3 sites

Christine Allen, Chief Executive of James Paget University Hospitals is the SRO, and **Andrew Palmer**, Director of Performance & Planning, James Paget University Hospitals, is lead for this workstream.

Mental Health workstream

1.4   The key objectives of the Mental Health workstream include:

- Offsetting and reducing the growth in out of area bed days

- Increasing recording of dementia, improving access to support and reducing the use of residential and acute care

- Supporting community and primary care to provide mental health support at an early stage

- Increasing community based treatment for children and young people with mental health problems

- Reducing acute hospital use for people of all ages with reported mental health problems, including children and young people and dementia

Michael Scott, Chief Executive of Norfolk and Suffolk NHS Foundation Trust is the SRO, and **Jocelyn Pike**, Chief Operating Officer for South Norfolk CCG, is lead for this workstream.

Enabling Workstreams

1.5   Further workstreams have also been established to ensure that the delivery of the STP is supported by system-wide approaches to Workforce, Estates, ICT, Finance and Communications.