

Report title:	Norfolk & Waveney Sustainability & Transformation Plan (N&W STP) update
Meeting date:	12 July 2017
Sponsor:	Dr Wendy Thomson, Nominated Lead, N&W STP
<p>Reason for the report The purpose of this paper is to provide members of the Health & Wellbeing Board (HWB) with an update on the developing N&W STP.</p> <p>Report summary This report provides information on key elements of the STP, including governance and the focus for delivery, and it outlines the main shifts in services that the STP workstreams are focused on.</p> <p>Action The Health & Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • 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. 	

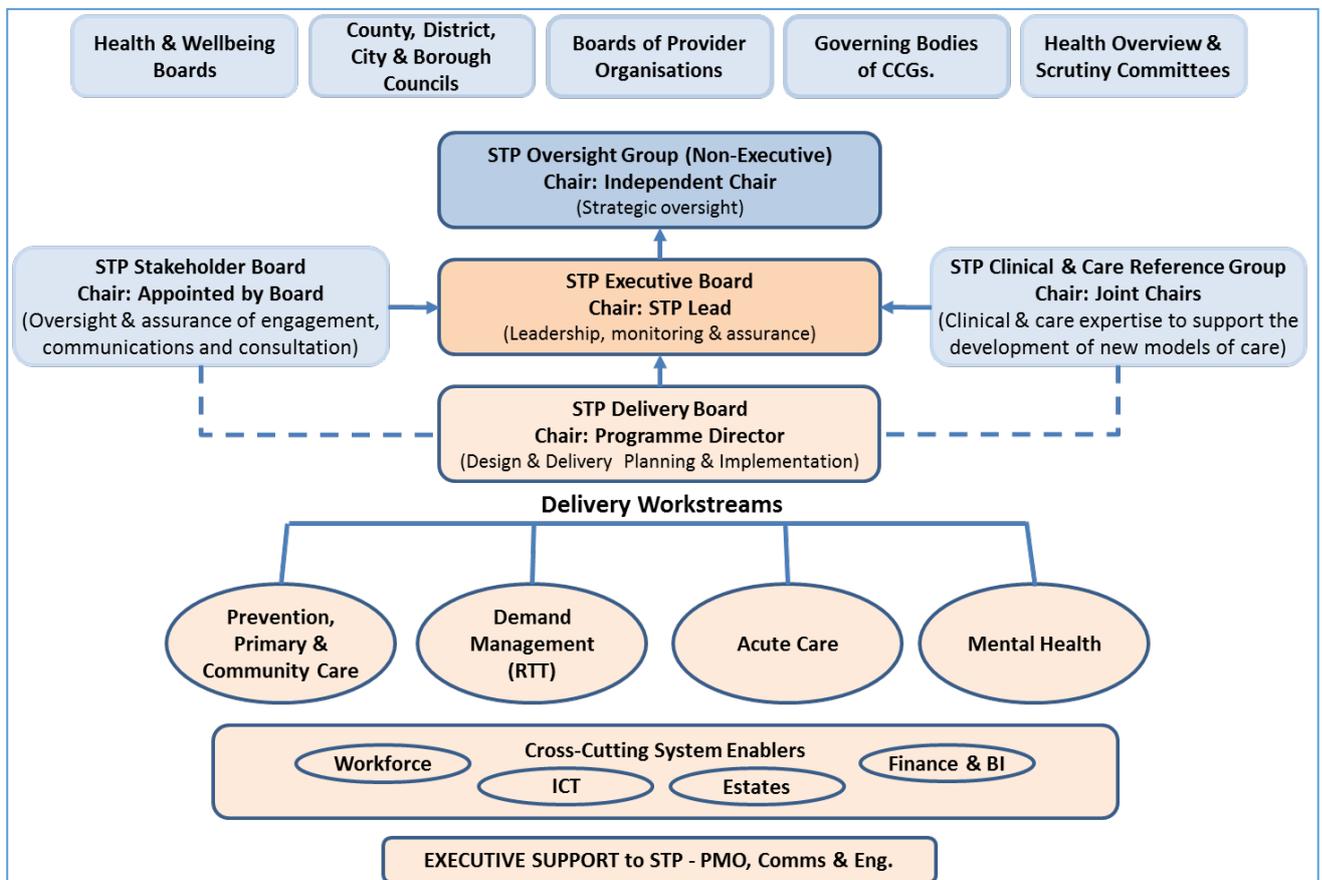
1. Background

- 1.1 STPs are place-based, system-wide plans for health and social care and cover integration with local authority services “including, but not limited to, prevention and social care, reflecting locally agreed health and wellbeing strategies”. They cover the period up to March 2021 and they are seen as blueprints for accelerating implementation of the [Five Year Forward View](#) (5YFV). Guidance and support is available on the NHS website at the following link: <https://www.england.nhs.uk/stps/>.
- 1.2 The approach for STPs is on planning at an area level, rather than organisationally, and the focus is on addressing three national challenges or ‘gaps’:
 - **Health and wellbeing gap** - inequalities in health
 - **Care and quality gap** - ensuring quality and performance of health and social services
 - **Finance and efficiency gap** - ensuring a financially sustainable health and social care system
- 1.3 Norfolk and Waveney is one of 44 STP ‘footprint’ areas and all are required to determine and make proposals for how areas will address the gaps in population health, service quality and system finances.

- 1.4 The HWB considered key elements of the N&W STP throughout its development and provided comments on the draft STP before its submission to NHS England on 21 October. The [N&W STP submission](#) was published on 18 November 2016, alongside a more accessible summary document tailored for a wider audience. Key documents including the October submission and supporting summary documents are available on the Healthwatch Norfolk website: www.healthwatchnorfolk.co.uk/ingoodhealth.
- 1.5 On 31 March 2017, the NHS published '[Next steps on the NHS Five Year Forward View](#)'. The report outlines progress on the ambitions set out in the Five Year Forward View since its original publication in October 2014, defines what still needs to be achieved over the next two years, and how this will be achieved. It also outlines five priorities for the NHS as follows:
1. Taking pressure off urgent and emergency care
 2. Better resourced and accessible general practice
 3. Improve rates of cancer survival
 4. More people to receive mental health services, including children and young people, and
 5. Helping frail and older people stay healthy and independent.

2. Update on governance

- 2.1 The agreed governance arrangements that are being established for the Norfolk & Waveney STP are set out in the diagram below.



- 2.2 The arrangements will ensure effective decision-making in combination with clear strategic oversight, strong stakeholder engagement, and robust lines of accountability and transparency.

- 2.3 The NHS CCG and Trust Chairs established an **STP Chairs Oversight Group** in April to support the governance of the STP and to provide 'non-executive' oversight of the delivery of the STP and the STP Executive Board. Its membership comprises the Chairs of the NHS provider Trusts and Commissioners together with the Chair of the Health & Wellbeing Board and the Chairs of the County Council's Adult Social Care and Children's Services Committees.
- 2.4 As reported in April the oversight group agreed that in line with other STPs they wished to appoint an Independent Chair. We are delighted to confirm that following a competitive recruitment campaign the Oversight Group have appointed Patricia Hewitt, who took up post earlier this month.
- 2.5 The **STP Executive** continues to meet on a monthly basis to provide Executive leadership on a range of issues including strengthening our strategy with learning from other STPs, and ensuring a continued focus upon improving quality and our financial position.
- 2.6 The **Care and Clinical Reference Group** has been established to ensure that our transformation plans have a strong clinical evidence base and that expert clinicians are involved at every stage of the planning and delivery of service transformation.
- 2.7 The **STP Stakeholder Board**, chaired by Graham Creelman, has now met monthly since April 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.

3. **STP workstreams**

- 3.1 The Executive Group decided to do the planning and delivery of the STP predominantly through its existing institutional resources and systems, and maintain a very small additional STP pooled resource. There are 4 key STP work streams each led by a Senior Responsible Officer (SRO) and supported by a Work stream Lead. These are as follows;
- **Prevention, & Community Care** - Roisin Fallon-Williams, Chief Executive of Norfolk Community Health and Care, is the Senior Responsible Officer (SRO) and Catherine Underwood, Director of Health Integration at Norfolk County Council, is the Lead for this work stream.
 - **Primary Care** - Melanie Craig, Accountable Officer, Great Yarmouth and Waveney, is the senior responsible officer supported by a new Director of Primary Care who is due to commence in post on 3rd July 2017.
 - **Demand Management** - 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 the lead for this workstream.
 - **Acute Care** – Christine Allen, Chief Executive of James Paget University Hospitals is the SRO, and Andrew Palmer, Director of Performance & Planning, James Paget University Hospitals, is the lead for this workstream

- **Mental Health** - 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 the lead for this workstream.

3.2 The key objectives of each of the workstreams is given in Appendix A.

Main transformation Projects

3.3 Through the **Prevention, Primary & Community Care workstream** system partners are working on a number of projects.

3.4 **Prevention** is a strong focus of our plan with projects being implemented around;

- Expanding the diabetes prevention programme to reduce Type 2 Diabetes
- Optimising care for patients with existing long term conditions
- Implementing a programme of social prescribing
- Reducing smoking and alcohol consumption
- Assisting people to lose weight

3.5 **In Primary and Community care** we are developing and implementing optimal integrated care models 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 The **Acute Care workstream** has several key projects which include;

- 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.
- Collaborative working across the 3 acute sites, for example, with Radiology, Urology and Cardiology, which will bring about improvements in productivity and efficiencies.
- Implementing some of the recommendations of the Lord Carter review around sharing back office functions
- Delivering improvements to Cancer Services and cancer outcomes
- Delivering the National Strategy around Better Births.

3.7 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 the 18 week waiting time standard. 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.

3.8 Examples of how this will be delivered in Norfolk and Waveney include through the NHS England **Urgent and Emergency Care** 'Must-dos' including the roll-out of the digital 111 service and clinical triage in the 111 service (where we aim for 30% of calls or referrals to be seen by a clinician). Through the national move for GPs to offer appointments 7 days a week and 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 also includes the implementation of the new

ambulance response programme and the new streaming models in Accident & Emergency (A&E). There is also a system focus on improving flows of patients ie discharge processes.

3.9 Some of the key objectives of the **Mental Health workstream** include;

- 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.
- 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
- Mental health practitioners to work alongside emergency services in Accident and Emergency Departments providing 24 hour cover.
- Peri-natal mental health (supporting women with post-natal depression and pre-birth depression) which has already secured funding nationally.

3.10 The key challenge for system partners is in fully mobilising our system in developing the detailed plan and in delivering it.

Officer Contact

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

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Prevention, Primary & Community Care

- 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

- 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

- 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

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.