

Report title:	Norfolk and Waveney Sustainability and Transformation Partnership (STP) update
Date of meeting:	30 October 2019
Sponsor (H&WB member):	Patricia Hewitt, STP Independent Chair Melanie Craig, STP Executive Lead
<p>Reason for the Report The purpose of this report 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 2019.</p> <p>Report summary The report provides an update on the progress of the Norfolk and Waveney STP.</p> <p>Recommendations The HWB is asked to:</p> <ol style="list-style-type: none"> a) Support the continued development of a Voluntary Sector Health and Social Care Assembly. b) Support the Home First communications campaign and the development of a Home First ethos across both our paid and unpaid workforce. 	

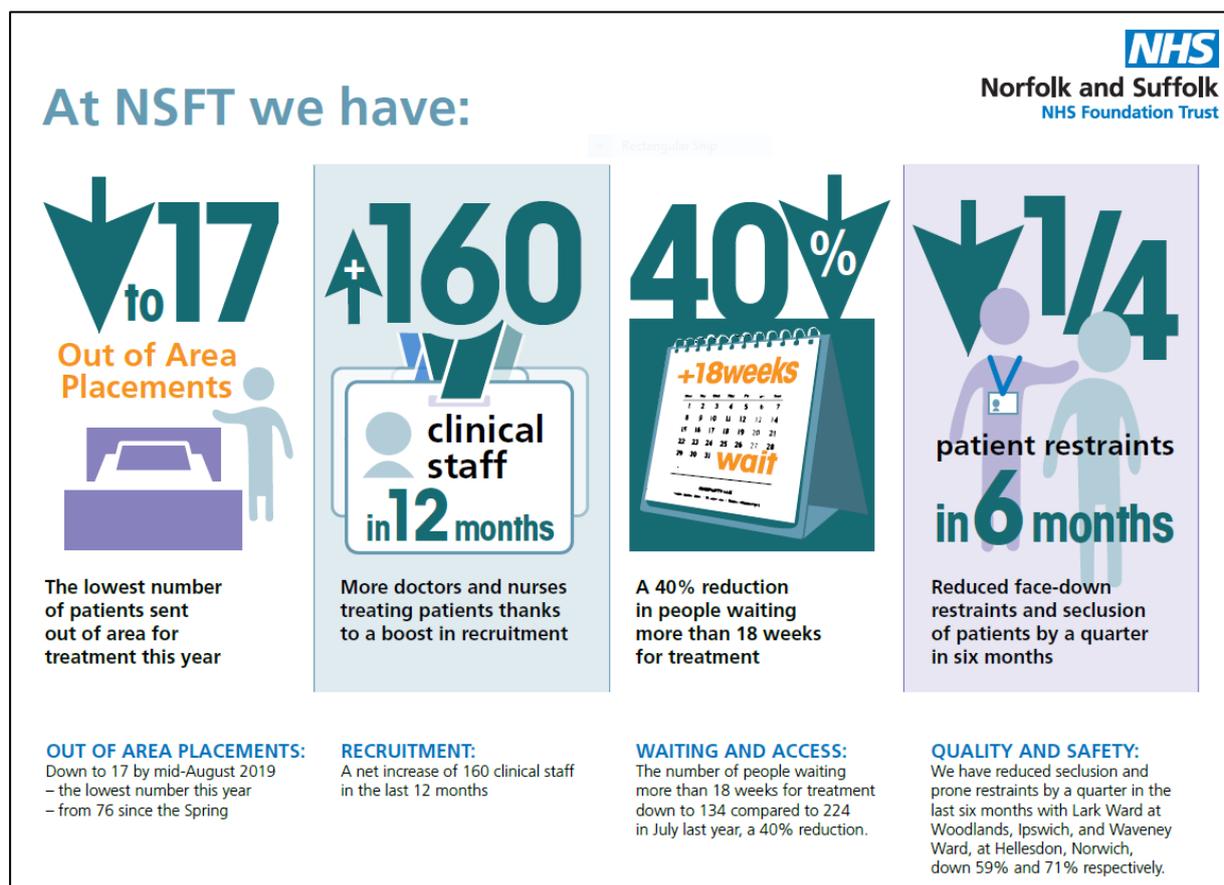


1. Managing the finance and performance of our health and care system

- 1.1 Key to our success as a partnership of health and care organisations is to work more closely together to manage our finances and performance. To use our money to best effect, we need model having ‘one budget’ for providing services. This is why we produce a report that look at the finances of all of our local NHS organisations and another about the performance of our whole health and care system.
- 1.2 The financial position for the Norfolk and Waveney health system at month 5, excluding one-off supplemental income we may receive, is a deficit of £47.3m against a planned deficit of £44.7m deficit – a £2.6m adverse position. However, all NHS organisations in our partnership are formally forecasting delivery of their financial plans and control totals for 2019/20.
- 1.3 Since the last report in July, health and care services in Norfolk and Waveney have been awarded £133 million of capital funding to improve care. We have been awarded:
 - £70 million for three new Diagnostic and Assessment Centres, which will increase our capacity at our three hospitals to support earlier diagnosis of cancer, in particular for lung, prostate and colorectal cancers, as well as non-cancerous diseases.
 - £38 million to build four new in patient wards at Hellesdon (mental health) Hospital in Norwich, to increase and improve provision, and reduce the number of patients who have to travel out of area for treatment.
 - £25 million for primary care developments in each of the five NHS Clinical Commissioning Group (CCG) areas of Norfolk and Waveney.
- 1.4 The Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust has also been allocated £1.5m of capital funding for urgent and emergency care. This funding will be used to:

- increase the space for same-day emergency care
- increase capacity in their discharge lounge
- introduce point of care testing in their Emergency Department and Assessment Zone.

1.5 In terms of performance, Norfolk and Suffolk NHS Foundation Trust is continuing to improve in key areas as this infographic shows. The Trust is down to its lowest number of patients sent out of area this year and recruited an extra 160 clinicians in the last 12 months. Meanwhile 18 week waits are down 40% and patient restraints have fallen by a quarter.



1.6 Further information about our **financial position** is included in **Appendix A**.

1.7 Further information about our **performance** is included in **Appendix B**.

2. Proposed merger of the five Norfolk and Waveney CCGs

2.1 The five CCGs in Norfolk and Waveney have submitted an application to merge by April 2020. All 105 GP practices, which form the membership of the CCGs, were asked to formally vote on the proposal. 79 votes were cast and 72 voted in favour (91%), which is regarded as a very high 'turnout' and a positive response.

2.2 The CCGs are committed to maintaining locally-focussed commissioning of health services and strong leadership and guidance from doctors and nurses. Creating one large CCG will help us to address some of the bigger issues in Norfolk and Waveney, such as demand on our hospitals and improving quality of services.

2.3 If NHS England and Improvement supports the application in principle, the CCGs would begin the formal process to come together and create "NHS Norfolk and Waveney Clinical Commissioning Group", from the beginning of April 2020.

2.4 Allied to creating a single CCG, the five CCGs are well on their way towards creating a single management team. The CCGs launched a 45-day consultation period with staff on 9 September. In the draft team structure there are roles to provide programme and administrative support to each of the STP workstreams.

3. Closer working between our hospitals

3.1 To improve the care people receive our hospitals are starting to join-up the teams that provide some specialist services. Like other areas of the country, our hospitals struggle to recruit the right staff for some specialties, so they are creating single clinical teams that will work across more than one hospital. Our aim is to make these services more resilient and sustainable.

3.2 On 1 January 2019 we plan to launch a single clinical team for urology services across our three acute hospital trusts, as well as a single team providing ENT (ear, nose and throat) services across the Norfolk and Norwich University Hospital and the James Paget University Hospital. These will be followed by single clinical teams for haematology and oncology working across the Norfolk and Norwich University Hospital and the James Paget University Hospital from 1 April 2020. Once these teams are established they will share expertise and equipment across the hospitals. Patients will see no significant change in how they access these clinical services.

3.3 Our next step is to develop a Joint Clinical Strategy for our three hospitals. Whilst we have undertaken reviews of a number of services in recent years and have agreed to integrate several specialties, we are now going to develop an 'umbrella' hospital services strategy. We'll be talking with patients, carers and clinicians to develop our strategy, focusing on how we can get the best care for people, regardless of organisational boundaries.

4. Setting-up a Voluntary Sector Health and Social Care Assembly

4.1 Local voluntary, community and social enterprise (VCSE) organisations have been talking with us about how we can work more closely together. The role of the VCSE sector within our emerging Integrated Commissioning System (ICS) is key, and throughout October we have held a series of events with local VCSE organisations to discuss our five year plan and how by working more closely together we could:

- Do more to improve the health and wellbeing of local people
- Build the resilience of the VCSE sector and address some of the challenges facing VCSE organisations

4.2 Specifically, we have been exploring the development of a Voluntary Sector Health and Social Care Assembly, so that VCSE groups and statutory services have a mechanism in place to enable us to better plan for the future together. In other parts of the country, having an assembly has given the VCSE sector an opportunity to discuss priorities with statutory services and to make real improvements to people's health and wellbeing.

4.3 We are at the start of developing this idea – we know that creating an assembly will take time, and needs to be built on the skills and experience of everyone involved. We have set-up an assembly steering group to develop the idea and they will consider the feedback from all our engagement events – the final event is on 31 October in King's Lynn. A report about the outcome from these events and an update on the development of an assembly will be included in the STP update report to the next meeting of the Health and Wellbeing Board.

5. Home First

- 5.1 We are launching a new Home First campaign across our system to improve how professionals work across health and social care to ensure patients are discharged from hospital in a timely fashion. This has been led by Norfolk County Council, with support from all colleagues from across the system.
- 5.2 For the public, a communications campaign has been designed to ensure patients, family members and carers are aware of the need to ask – on admission to hospital – for an Expected Discharge Date (EDD). They are then being asked to make sure plans are in place so there are no avoidable delays to a patient being discharged on that date. A range of different communications materials and channels have been developed.



- 5.3 For staff across the STP, there is a need to create a 'Home First' culture from an understanding that most patients (particularly, but not specifically, older patients) are more likely to recover better and more quickly from surgery/hospital treatment at home, in their own bed. Most of the changes which need to be made through Home First will be relatively small and simple, and are largely about helping people to move away from long-held views and embrace the evidence-based approach that your bed is the best bed to recover. We are going to develop a single 'Home First' training package that can be rolled out across all organisations. This will ensure the 'Home First' ethos is considered at all points in a patient's journey from living independently, to admission to hospital, to discharge and to living independently once more.

6. Children and young people's mental health

- 6.1 Sustained work has continued to develop the emerging mental health service model for 0 – 25 year olds in Norfolk and Waveney, pulling together ideas and feedback from the wider workforce, children, young people and families.
- 6.2 The core of the proposed model is a very different way of working and communicating together, a different conception of how children, young people and families access the help they need, and a foundational outcomes framework that will help us focus on the difference we're making in children and young people's lives.
- 6.3 Service design has progressed to the point of preparing for testing and implementation, in what will continue to be an iterative and developmental process. The Alliance Board – a new governance body – will be operational from the end of this month.
- 6.4 Over the last few months Norfolk and Waveney has been awarded in excess of £700,000 in funding for four important areas of development for children and young people's mental health and wellbeing support. This extra funding complements changes we are making across our system to the way we support the mental health and wellbeing of 0 to 25 year olds:
- Four new Children and Young People's Wellbeing Practitioners (CWPs), to add to the existing two cohorts of CWPs.
 - Trailblazer funding from NHS England for two Mental Health Support Teams to provide enhanced targeted support to children and young people, families and staff in education settings.

- The UEA submitted a successful bid to deliver accredited training for eight new Emotional Mental Health Practitioners who will be recruited to the two Mental Health Support Teams. This enables specialist training to be delivered locally and build local training capacity.
- Development funding to work up a larger bid to embed trauma informed practice across Norfolk and Waveney.

7. Adult mental health services

7.1 We have won national funding to improve services (and support the priorities established in Norfolk and Waveney's Adult Mental Health Strategy, launched earlier in 2019). The funding will boost mental health services in the following areas:

- Over £1.9m in 2019-21 to increase and bolster mental health liaison services at both the James Paget University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, bringing both hospitals in line with the Norfolk and Norwich University Hospitals NHS Foundation Trust to provide 'Core 24' standards for patients with mental health needs. Core 24 is a standard within hospitals dedicated to providing 24 hours, 7 days a week mental health support at hospitals by recruiting staff that are focused on a patient's mental health needs – this can be a mix of liaison psychiatrists, mental health nurses, therapists and administrative staff.
- £1.1m over two years to increase staffing levels across Norfolk and Suffolk Foundation NHS Trust's Crisis Resolution and Home Treatment Teams, focusing on developing 7-day, 24-hour provision across Norfolk and Waveney.
- £540,000 over two years to develop a 'Crisis House' service located centrally in Norfolk, aimed at enabling people to access support to prevent a mental health hospital admission and support a rapid return to their everyday living. This project is being prioritised to ensure a Crisis House can be established and start benefitting local people rapidly. (This is in addition to the Community Wellbeing Hub being planned at Churchman House in Norwich for later in 2019/20.)
- £177,000 of non-recurrent funding in 2019-20 to further develop perinatal mental health services locally, building on the Community Perinatal Mental Health Service launched in 2017. The funding will focus on developing a cross-agency triage system to stream patients into appropriate mental health services that meet their needs, as well as continuing outreach work through local partners Get Me Out The Four Walls.

7.2 NSFT has also reopened Yare Ward at its Hellesdon site, a 16-bed acute ward that will be used as an assessment and inpatient unit, and allow patients to receive care closer to their homes and families.

7.3 Beds on Yare are being opened gradually to allow staff to get up to speed, and it is expected to have all 16 in operation very soon. The new team supporting the ward includes a psychiatrist, junior doctor, ward manager, nurses, assistant practitioners, clinical support workers, an art therapist, activity co-ordinator and occupational therapist. They also have a discharge co-ordinator working with them, which will speed up assessments so service users get the treatment they need as soon as possible.

7.4 Local NHS commissioners will continue to fund these developments after the funding from NHS England has been spent.

8. New personality disorder pathway

- 8.1 Intensive training is also underway at Norfolk and Suffolk NHS Foundation Trust to facilitate the roll-out of the personality disorder pathway across Central Norfolk from October onwards. This is the result of the development of NSFT's personality disorder strategy and working with commissioners to implement a pathway for people with personality problems locally.
- 8.2 Mental health commissioners have agreed an investment of just over £800,000 to develop a pathway, initially covering the Central Norfolk area. Early implementation will take place principally in Norwich and will involve NSFT's three city community mental health teams, Central Norfolk CRHT, and Thurne Ward and Waveney Ward at Hellesdon Hospital.
- 8.3 The personality disorder pathway will ensure people receive therapeutic care at an early stage so that they can manage their condition without the need for a hospital admission. If someone does need inpatient care, NSFT will work towards short-term crisis admissions of about 72 hours (in line with NICE guidelines), which will help staff focus on what has caused the person's crisis and put a suitable plan in place to help.

Officer Contact

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

Name	Tel	Email
Chris Williams	01603 257000	chris.williams20@nhs.net