in good health

Norfolk and Waveney Sustainability and Transformation Plan Update for governing bodies and trust boards – July 2018

Purpose of report

The purpose of this paper is to update members of the Governing Body / Trust Board on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made since the last report in May 2018.

Report summary

This report provides information on key developments within the Norfolk and Waveney health and care system and projects that the STP is currently working on. It focuses on the work we are doing to integrate health and care services, improve the financial health of our system, develop a long-term strategy for mental health and improve maternity services.

Action

The Governing Body / Trust Board is asked to:

- Consider and comment on the report
- Identify actions that the Governing Body / Trust Board could take to accelerate progress on delivering the changes necessary to transform care and deliver sustainable services

Main body of report

NHS 70

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.

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.

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.

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.

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

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.

Integrating health and care services in Norfolk and Waveney

7. NHS England have told us that they are impressed with progress we are making with individual service programmes and the management of the STP overall. They have also said the clear and tangible progress we are making with a number of programmes, including to strengthen primary care and our acute services review, is stronger than most STPs.

8. On 24 May 2018, NHS England announced the creation of four new integrated care systems (ICS). 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.

9. 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. 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.

System financial recovery

10. 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. It is the STP which is being asked to address its system financial challenges – which is a step change in the mandate we've previously been given.

11. As a partnership of local health and care organisations, we recognise that:

- we need to do more to make sure we do not spend more than we have
- we must spend every pound as efficiently as possible
- only by working and planning together will we be able to resolve our collective financial challenge as quickly as we need to.

12. Particularly in light of the recent announcement of additional funding for the NHS, we need to demonstrate that our financial management is strong and that we are focussed on achieving excellent value for money, as well as excellent care.

Immediate actions to address our financial situation

13. We have appointed John Hennessey as the new STP Finance Director. John is also the new permanent Chief Finance Officer at the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH). To enable him to take on the additional STP role, we are going to help the NNUH to make arrangements for backfill and to strengthen his team.

14. We have established a System Financial Recovery Group, made-up of finance directors from all the organisations involved in our partnership and chaired by the STP Finance Director. It is focussing on making sure we have a more detailed collective understanding of our financial position.

15. To achieve this we need to be open and honest with each other about the financial position of our individual organisations so that we are able to identify any potential financial risks and issues. We need to be clear about the assumptions that our budgets are based on, to align our expectations and, if need be, to vary contracts where all parties agree that activity will over perform. If there is no agreement, the expectation is that the system is able to manage activity to the agreed contract levels.

16. Our priority is to identify actions we can take which will improve our 2018/19 financial outturn. A key part of this will be 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. These will be put in place by the end of July 2018, with the development of a more sophisticated arrangement for 2019/20.

Medium-term financial recovery plan

17. Looking beyond this financial year, we are developing an initial medium-term financial recovery plan. The final plan will be informed by a significant piece of work being done 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.

18. 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.

19. The purpose of this work is to provide an assessment of service demand across the STP in future years; set out the suggested changes to service models to cope with that demand and to support this work with a detailed and reusable demand and capacity data model that can be used for planning purposes and scenario testing using adjustable variables.

20. A series of supporting plans will be provided that address specific associated issues such as forecasting achievement of constitutional standards, financial impact, workforce requirements and estates and I.T. infrastructure.

21. The final product of this work will be a clear and evidence based plan for how the STP may transform its services in order to maintain sustainable services in the future, taking account of the views of patients and carers, best practice and innovation nationally and internationally.

Developing a long-term strategy for mental health

22. 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.

23. 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.

24. 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.

More funding for suicide prevention

25. 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.

26. 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.

27. 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.

Leading the way in making maternity services more personal

28. 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.

29. 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.

30. 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.

31. 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.

32. 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.

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

33. We are making good progress with the development of our digital strategy for Norfolk and Waveney's heath 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.

34. 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.

35. 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.

36. We can also better use technology to measure health outcomes, to see if the treatment you received worked.

37. 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.

38. 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.

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

39. 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.

40. 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.

Key Risks and Challenges

41. 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

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

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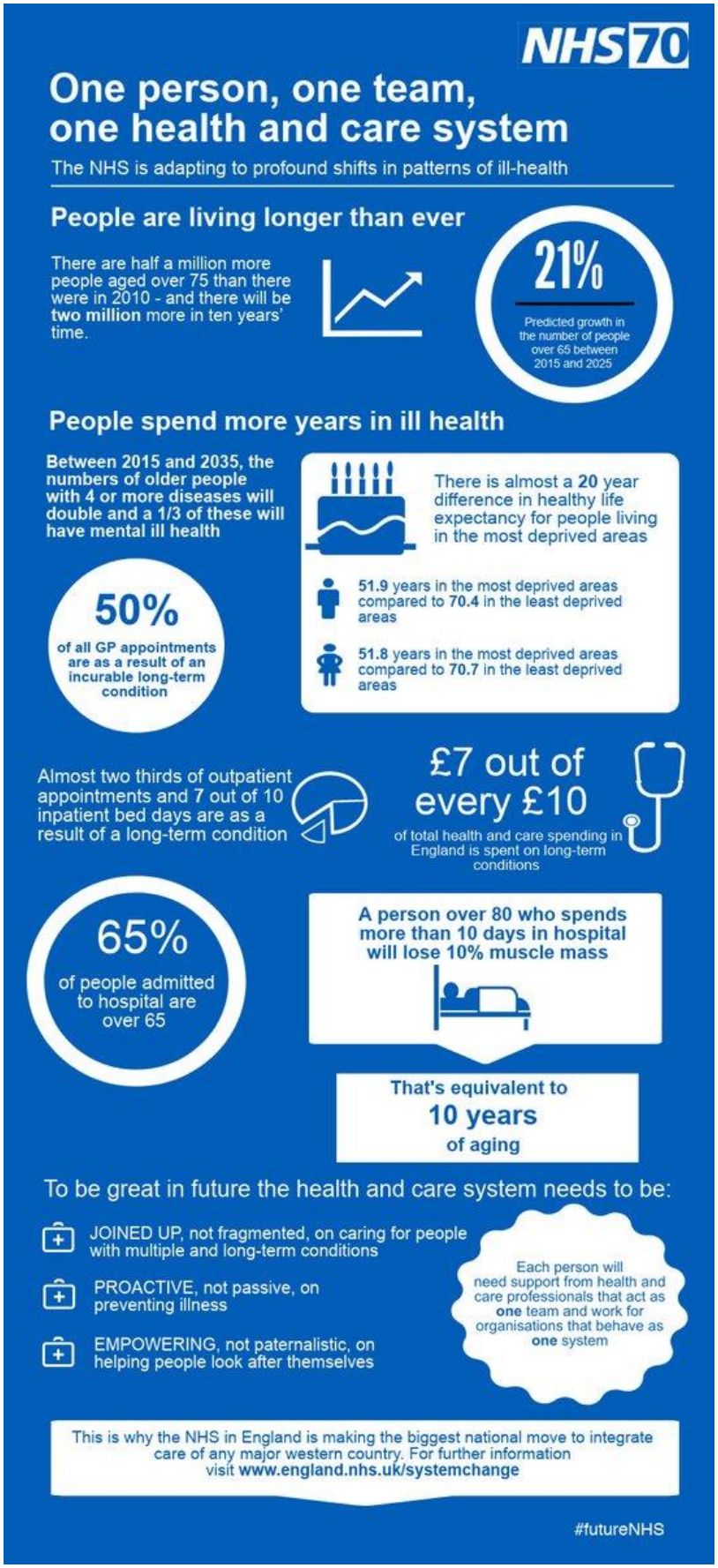
Appendix A: This helpful graphic was used to explain why health and care services need to change: