Agenda Item No. 10

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
	Decision		High	Med	Low
E Libbey, Trust Chair & Jon Green, CEO	Discussion	√	√		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic	√	BAF 3		
	Operational				
	Governance	√	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
	N/A				
CQC Domain: (safe, caring, effective, responsive, well-led)	Well-led				

Meeting Date: **29 May 2018**

Report Title: **Sustainability and Transformation Partnership (STP) update**

PURPOSE:

The purpose of this paper, developed for the STP Member Governing Bodies and circulated by the STP Communications Team, is to update the Board on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made since the last report in March 2018.

SUMMARY:

This report provides information on key projects that the STP is currently working on. It focuses on the work the STP is doing to integrate health and care services and refers to some specific service proposals currently in development and under discussion. The report also outlines some of the engagement the STP has been doing to involve patients, service users, staff and other stakeholders in its work.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√	√	√	√	√

RECOMMENDATION/S:

The Board is invited to:

- Consider and comment on the report
- Identify actions that the Board could take to accelerate progress on delivering the changes necessary to deliver sustainable services

Norfolk and Waveney Sustainability and Transformation Plan Update for Governing Bodies – May 2018

Background

1. The Governing Body considers a report on the progress made by the Norfolk and Waveney STP at each of its meetings. The report covers key topics that the STP Chairs Oversight Group has discussed at its recent meetings.
2. We have received feedback from some of the CCG governing bodies that they would like more information about the progress and risks associated with the delivery of STP projects and we are looking at how we can incorporate more detail in our reports.

New executive lead for our STP and feedback from NHS England

3. Melanie Craig, Chief Officer at NHS Great Yarmouth and Waveney CCG, has been appointed as the new Interim Executive Lead for our STP. Melanie has taken over from Antek Lejk, who left the role following his appointment as Chief Executive of the Norfolk and Suffolk NHS Foundation Trust.
4. In April we met with NHS England who praised the speed at which our STP is progressing, in particular our work around primary and community care. They were very positive about our work to develop new models of care, improve access to GP services and make primary care more resilient, in line with the Five Year Forward View and the General Practice Forward View.
5. We also discussed with them the work we need to do to create a strong medium-term financial plan to enable the system to return to financial health. We are going to work with NHS England to determine how we can best analyse and model finances, demand and capacity across the system.

Integrating health and care services in Norfolk and Waveney

6. Over the past two years local health and care organisations have been working increasingly closely in order to provide better care to people living in Norfolk and Waveney. Our Sustainability and Transformation Partnership has made good progress and was rated as 'Advanced' by NHS Improvement last year.
7. Our ambition is to continue to further integrate our services so that people receive a more seamless service and more coordinated care. We know that when health and care services work closely together it is not only good for patients, but it also makes it easier for staff to do their jobs effectively. We spend £2.6billion of taxpayers' money on health and social care in Norfolk and Waveney every year and further integration will enable us to make the best use of that money.
8. In February we outlined our ambitions for closer working in our expression of interest to become an integrated care system or 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 twelve months so that we are fully prepared and ready to become an ICS.
9. We believe that becoming an ICS will help us to accelerate the improvement in Norfolk and Waveney's health and care system. We're looking forward to working closely with our local

health and wellbeing boards, councillors, the voluntary and community sector and others to develop our plans for closer working and our ICS in the coming months.

Making acute services more sustainable

10. NHS England's Five Year Forward View sets out a clear direction for a long-term sustainable NHS and articulates why change is needed, and what it will look like. Long-term health conditions - rather than illnesses susceptible to a one-off cure -now take 70% of the health service budget.
11. To respond to this challenge, and as part of the Norfolk and Waveney Sustainability and Transformation Plan (STP), the three acute trusts within Norfolk - James Paget University Hospitals Foundation Trust (JPUH), Queen Elizabeth Foundation Trust Hospitals of King's Lynn (QEH), and Norfolk and Norwich University Hospitals Foundation Trust (NNUH) have formed the Norfolk Acute Hospitals Group (NAHG). Its aim is to accelerate the scale and pace of collaboration and to bring together the clinical and operational teams to explore clinical networks, common guidelines, balance demand and capacity, and consider shared recruitment opportunities.
12. This will help shape the way services are provided to over 893,000 in Norfolk and Waveney (approx. 230,000 in Great Yarmouth and Waveney). The overall population is rising at a similar pace to the England average, however, the rate at which people over 65 years of age is increasing is disproportionately at a much higher rate than the wider population. In addition, life expectancy in Norfolk is 6.3 years lower for men and 4.2 years lower for women.
13. The population is getting older and people are living longer with long-term conditions such as heart disease. This translates into increasing demand for local services. Older people typically require more support from health and care services and are more likely to suffer from complex co-morbidities, and conditions such as cancer, which can impact on outcomes and make treatment more difficult and costly.
14. During 2016 an initial review of seven specialties, carried out by KPMG, was commissioned by the NAHG looking at capacity and demand issues and where greatest impact could be made for the benefit of patients. It defined which services were under greatest pressure and faced the most pressing challenges as health needs and medical practices change.
15. The second phase, the Acute Speciality Sustainability Review focused on the three specialties of Cardiology, Radiology and Urology. These were considered priorities to ensure they are sustainable in long-term, and equitable for patients across the whole of Norfolk and Waveney. The Norfolk Acute Hospitals Group (NAHG) commissioned Specialist advisors, who undertook this work during the period of October 2017 – February 2018.
16. A number of proposed options were developed for each service. These options have been considered by the clinical and leadership teams of each Trust with the NAHG discussing the preferred option for each speciality on 30th April 2018.
17. As part of the review there were engagement events with service users and stakeholders held in Norwich on 22 November 2017, King's Lynn on 27 November, Great Yarmouth on 1 December and in Beccles 7 March 2018. These were facilitated by Healthwatch Norfolk and Suffolk respectively.

Acute Speciality Sustainability Review update

18. The NAHG commissioned external support on behalf of the three Trusts to address issues of clinical, operational and financial sustainability for Cardiology, Radiology and Urology services across the Trusts.

19. For clarity the key facts for each of these specialities is set out in the table below.

Radiology

- Radiology uses medical imaging to diagnose and sometimes treat diseases and injuries inside the body. A number of different methods are used to view what's going on within the body such as: x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), nuclear medicine.
- Interventional radiology uses procedures with the guidance of imaging techniques.
- Usually radiology is a support service, and the Radiologists work closely with other clinicians to help manage illnesses and injuries, including cancer and trauma patients.
- In the last 10 years CT scans have increased by over 10% per year and MRI scans by 12% each year
- Equipment such as MRI scanners need replacing
- Demand for radiology services are increasing and will continue to do so. Will an older population the prevalence of cancer is increasing for which radiology services are called upon. Variation in treatment needs to be tackled alongside the need to diagnose faster.
- There is a shortage of radiologists with District hospitals in particular relying on expensive bank, agency and locum support.

Cardiology

- Cardiology is a medical specialty that involves the diagnosis and treatment of people with diseases and disorders of the heart. Cardiologists are specialists in diseases of the heart and care for patients with a range of disorders including heart attacks, palpitations and angina. Cardiologists may treat heart diseases with drugs or undertake procedures such as fitting pacemakers.
- Some cardiology services require special equipment and skill, so not all hospitals are able to provide these. NNUH provide these for JPUH, and Papworth Hospital provides them for QEH.
- Demand for cardiology services continues to increase. Nationally echo cardiology saw a 43% increase between 2010-2016. Patients with congenital heart disease are living longer and require life-long follow-ups. Cardiovascular disease accounts for 30% of acute medical admissions nationally.
- There is a shortage of cardiologists.

Urology

- Urology focusses on the health of the urinary system for men and women, and reproductive tract for men. Some of the work relates to cancer treatment, e.g. prostate cancer.
- There are elements of urology care that require specialist skill, so not all hospitals are able to provide these. NNUH provide these for both QEH and JPUH where necessary.
- Between 10-12% of people referred to the urology departments require surgery.
- There is a shortage of urologists (JPUH operates a 1 in 4 consultant on call rota which significantly impacts recruitment and retention).

20. The external support worked on a full review and business case development for the three specialties on behalf of the NAHG. This involved working with clinical and operational teams to identify the current difficulties and challenges faced by these services. The review was underpinned by the following principles:
    - Solutions to be clinically led and owned by clinicians, evidence based and driven by informed wider health community.
    - Services to be of high quality, sustainable, offering care closest to home in appropriate settings, which are viable and affordable.
    - The review ensured community and stakeholder engagement in the widest sense, to allow the development of business cases in a transparent and open way outlining sustainable service proposals.
21. This detailed review led to the development of business cases for each of the specialities, outlining proposed options for their future organisation. These were presented to the three acute trusts in February 2018. The business cases have been considered by the respective clinical and leadership teams.
22. Since commencing the review, the three acute hospitals in Norfolk have been accepted as one of four early adaptor sites in the country for radiology. With the support of NHS Improvement an approach to build upon the above work is being developed for radiology. This work is ongoing.

Acute Speciality Sustainability – The proposed future state models

23. Appendix 1 sets out the future state models as proposed for cardiology, radiology and urology.
24. In all three specialities, the proposed future state model from this work is to establish a networked model supported by a single clinical team across Norfolk. The NNUH will, in all three specialities, act as the 'centre' and the JPUH and QE as 'units'. Specialist work will be undertaken at the centre, and non-specialist work will be undertaken at each of the units. The clinical team would work across organisational boundaries to ensure the most effective sharing of skills and knowledge across Norfolk.
25. Such a model could involve either a 'service level agreement' between the NNUH and district hospitals or a joint single leadership team and overarching board similar to the effective Eastern Pathology Alliance arrangement already in place.
26. Such a model brings greater resilience and sustainability to service provision whilst having little impact on the patient experience. Indeed such a model could result in fewer referrals from the unit to hub for routine work providing a positive patient impact.

Improving care for people with diabetes

27. We are expanding the NHS Diabetes Prevention Programme to cover West Norfolk and Great Yarmouth and Waveney. The programme provides tailored advice to people who are at risk of developing type 2 diabetes, for example about healthy eating, being more active and losing weight. There have been lots of referrals to the service from Norwich, South Norfolk and North Norfolk. The service should be available across Norfolk and Waveney by the end of the summer.
28. We are rolling out graduate training for diabetes nurses. The goal is to have a trained diabetes practitioner in each GP surgery across Norfolk and Waveney. To achieve this four people will initially complete a Certificate in Diabetes Care at Warwick University. Each of them will then go on to train 50 other clinicians with the support of the University. This locally delivered course is seen as the best option to support the growth of local knowledge,

networks of clinicians and encourage relationships between practices. This piece of work is being funded by the Norfolk Diabetes Trust.

Communications and engagement

29. In line with our STP Communications and Engagement Strategy we continue to work hard to strengthen our communications and engagement with staff, key stakeholders and the public.
30. We held a public meeting in Lowestoft on 19 April 2018 about our ideas and plans around prevention and the integration of health and care services. The meeting was well attended and we gained some useful feedback and suggestions about how we can keep people healthy and well, identify potential health problems sooner and get health and care services working more closely together. We're writing a report about the event which will be published on the Healthwatch Norfolk website.
31. On 1 May 2018 we held our re-scheduled mental health event called 'Breaking the Mould'. The purpose of the event was to start the process of developing a long-term strategy for transforming mental health in Norfolk and Waveney. Over 80 people attended the event, including representatives from Suffolk County Council, Healthwatch Suffolk, Great Yarmouth and Waveney MIND, the James Paget University Hospital, East Coast Community Health CIC and Great Yarmouth and Waveney CCG. We are writing a report about the event. We will be conducting further engagement throughout the year to develop our mental health strategy.
32. We published our first newsletter for members of the public about the work of our STP. The first newsletter explained what a sustainability and transformation partnership is and why we need one, as well as set out opportunities for people to get involved. Anyone can read the first newsletter and subscribe to receive future editions on the Healthwatch Norfolk website: www.healthwatchnorfolk.co.uk/ingoodhealth/get-involved. The newsletters will be published every four to six weeks.

Key Risks and Challenges

33. 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.