Agenda Item 13

in good health

Norfolk and Waveney Sustainability and Transformation Plan Update for governing bodies and trust boards – November 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 September 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 develop a long-term strategy for mental health, improve mental health services for children and young people, prepare for winter and better understand the demand for health and care services in Norfolk and Waveney.

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

Review of mental health services for adults

1. Significant progress has been made since our last report with our strategic review of adult mental health services. This has been driven by a comprehensive programme of engagement with service users, carers, professionals and other stakeholders. We have been supported by Community Action Norfolk, Voluntary Norfolk and Healthwatch, who have helped to promote and run our patient and public engagement, to make sure we are reaching and engaging with as many people and organisations as possible.
2. Our engagement is taking place in two phases. During the first phase we have been asking people what they think about how the system is working, the quality of current delivery and our vision for the future. Our engagement programme has included meeting with a wide variety of provider and voluntary organisations.

3. As of 15 November 2018, we've conducted over 60 one-to-one interviews, organised or attended 31 stakeholder forums (with 8 more scheduled in November), and held our first two public meetings (which 92 people came to). In total we've spoken with over 530 people. We've also received over 750 survey responses back from the public and professionals. Working with Great Yarmouth and Waveney MIND, over 1,200 people have watched our Facebook Live chat about the review.
4. During the second phase, we will be asking people what they think of our draft strategy. Again, we will use a range of approaches and methods for engaging with people, including face-to-face sessions and online tools.
5. More details about the review and opportunities for people to get involved can be found here: www.healthwatchnorfolk.co.uk/ingoodhealth/stp-mental-health.
6. As part of our review we have also looked at over 50 international examples of best practice and 30 UK examples, assessing which of these could work in Norfolk and Waveney. Our review has identified five best practice models with particular relevance for Norfolk and Waveney:
   - **Collaborative care model:** Multi-disciplinary/agency team led by primary care provider delivering population-based mental health care, using evidence-based interventions
   - **Multi-disciplinary/agency crisis response teams:** Community and acute-based, multi-disciplinary/agency team for mental health crisis intervention
   - **Population health management:** Data-driven approach to targeting prevention and care across providers, with commissioning incentives based on a system-wide outcomes framework
   - **Zero suicide strategy:** System-wide organisational commitment to a holistic approach to patient safety and quality improvement
   - **Digital cognitive based therapies:** Multifaceted and technological interventions delivered direct to service users through a range of digital channels
7. We have also been mapping the provision of services across the region and using data analysis to assess how well they are performing against the needs of the population. Whilst we are looking for the review team to report back with interim findings in the next couple of months, there will be ongoing work to plan a future state for our mental health services. This will require continuous engagement with staff, partners and the public. We shall also continue to work very closely with colleagues in Suffolk, who are conducting a similar review.

Review of mental health services for children and young people

8. Alongside our review of adult mental health services, we are reviewing child and adolescent mental health services. We have recently commissioned Rethink Partners to review and help us progress our approach to whole system transformation of mental health services for children and young people in Norfolk and Waveney.
9. As with our review of adult mental health services, this work is being driven by engagement with young people, their parents / carers, professionals and others.

The review is looking at a range of aspects of our Local Transformation Plan and our wider ambitions for these important services. This includes commissioning arrangements, leadership and governance, service models, performance, the provider landscape, and the many interfaces these services need to have with other parts of the system.

10. Our aim is create a much more integrated children's system, with consistent system-wide strategic leadership for children and young people's mental health. The review will be completed by the end of 2018 and Rethink Partners are working closely with Boston Consulting Group (BCG) regarding the review of adult mental health services, enabling us to make sure there is join-up and consistency across the two pieces of work.

Continued focus on preparing for winter

11. Our system-wide focus continues to be very much on winter planning across Norfolk and Waveney. Key issues being addressed by partners in the system include increasing capacity across Norfolk and Waveney, particularly in admission avoidance, minimising ambulance handover times and assisting our acute hospitals to discharge patients swiftly and safely.

12. In order to do this the Norfolk and Waveney A&E Delivery Board has progressed with the following:
    - A new STP-wide winter room structure is being set-up:
        - A Norfolk and Waveney Winter Room Director is now in post
        - Winter rooms are now in place at the Norwich and Norwich University Hospital, the James Paget University Hospital and Norfolk Community Health and Care and will be at the Queen Elizabeth Hospital by the end of November
    - Key prevention priorities have been agreed
        - Infection prevention and control
        - Respiratory conditions
        - Cardiovascular conditions
        - Housing
        - Social prescribing

Winter 2017/18

13. The pressures on our system last winter are widely acknowledged. We experienced a severe cold snap that made many roads impassable for all citizens, including our own workforce. Despite that, many people made huge efforts to remain in work or get to work by walking, using 4x4s and even farm vehicles. We also experienced a flu outbreak that was much more serious than in previous years. This should be placed in context, in that significant pressures occur every winter throughout the UK, and Norfolk and Waveney is no exception.

Actions taken in response to winter 2017/18:

14. Reviews of Norfolk and Waveney performance took place soon after the winter period. Learnings included:

    - Identifying key drivers in demand (these included more admissions due to respiratory conditions and falls)
    - Good system collaboration in development of plans and operations
    - Funding for additional capacity had not been confirmed until December 2017, which did not help with planning and implementation of resilience schemes
    - Ambulance / acute admissions capacity was significantly challenged leading to sporadic delays in conveyance / handover
    - On occasions pressure on acutes was an ‘admission’ more than ‘discharge’ driven issue (central Norfolk)
    - First signs of pressure in the system emerged in late October / November, but were exacerbated over the Christmas break
    - Young-elderly (71-80yrs) saw the greatest increase in admissions (24% vs 10-14% in older & younger adults) (central Norfolk)

Winter preparations for 2018/19 based on above learnings

Planning

15. Co-ordinated planning has been undertaken in three local systems and also across Norfolk and Waveney as a whole. As described above this was based on learning from previous years and is intended to make our services for patients and residents more resilient this coming winter.

16. Earlier identification of additional funding to enable partners to plan increases in capacity more effectively. Funded schemes were agreed over the summer.

Financial

17. As previously reported, we are seeing additional investment on top of existing NHS resources of more than £3 million to add capacity and introduce new services. In addition to this, Norfolk County Council has recently been allotted £4.1 million and Suffolk County Council has been allotted £3.2 million for social care, to speed-up discharge from hospitals.

Workforce

18. Workforce remains a key risk. All providers continue to recruit to vacancies, although it is acknowledged nationally that the UK requires more clinical and care staff in particular skill sets. GP recruitment and nursing / medical staffing in our trusts is a priority.

Our approach to winter resilience

19. Our approach is to continue delivering appropriate health and social care at a time of considerable pressures, and reducing pressure on urgent and emergency services:

    - Self-care and self-management - encouraging and empowering patients to keep themselves as well as possible, and use services such as pharmacies and walk-in / urgent treatment centres
    - Expanding hospital capacity to help ambulances handover patients to the hospitals and get back on the road
    - Getting the flow through hospitals right
    - Discharging patients who are fit to return home earlier, to free-up beds
    - Helping people to remain at home safely and independent - where they want to be.

What is going to be different this year?

20. There are many new initiatives across health and social care. These include:

    Helping people avoid admission to acute hospitals

    - A major drive to encourage eligible people to have the flu jab and major campaigns among health and care staff, including unpaid carers and care homes
    - More clinical cover in the 111 service to help callers resolve their problems without recourse to the urgent and emergency care system
    - Provision to manage outbreaks of flu in care homes
    - 1,800 evening and weekend GP / nurse appointments per week in primary care
    - Six more ambulance rapid response vehicles – primarily to treat patients at scene
    - Two early intervention (falls) vehicles, staffed by an ambulance crew and a community therapist to help people recover quickly from a fall and avoid going to hospital
    - More community beds and re-ablement capacity
    - Investments by social care in Norfolk and Suffolk including additional support for reablement beds (Norfolk)

More acute hospital / ambulance capacity

- 57 more beds at Norfolk and Norwich University Hospital (NNUH)
- New NNUH 'Hospital at Home' service with capacity for 30 patients
- Eight more 'rapid assessment beds' in the NNUH emergency department to speed up ambulance handovers
- A new hospital discharge suite at the NNUH to help more people return home sooner
- A newly enhanced ambulatory care unit at James Paget University Hospital
- EEAST will hire more ambulances from the private sector as and when required
- Hospital Ambulance Liaison Officers at NNUH to co-ordinate ambulance arrivals and speed up handovers

Strategic transformation of urgent and emergency care

21. Supporting system resilience work is the longer-term transformation work. This is focussed on both national must dos and local priorities. It is organised around four areas:

- Integrated Urgent Care
    - Linking with Admission Avoidance Schemes
    - Implementation of the revised national specification
    - Robust triage of demand: 'Consult and Complete'
    - Coordinated Urgent Care Provision, e.g. Urgent Treatment Centres
- Ambulances
    - Improved alignment with NHS 111
    - Alternatives to conveyance
- Hospital
    - Managing flow through from emergency department to discharge
    - Alternative and more appropriate pathways, for example for the frail elderly
- Hospital to Home
    - Based on the 8 High Impact Change Model
    - Early Discharge Planning
    - Home first model

Funding for primary care transformation

22. A priority for our partnership is to make sure that we have sustainable GP and primary care services, as they will be a key part of our integrated care system (ICS). To support the development of our ICS, we have been allocated c£550,000 to support the development of primary care services in Norfolk and Waveney.
23. The funding is specifically to support our partnership to build and develop local primary care networks and integrated primary care. When GP surgeries work together this allows them to do things like share community nursing, mental health, and clinical pharmacy teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access. They can also enable practices to work more closely with community pharmacists, to make fuller use of the contribution they make.
24. We are talking with local primary care colleagues across Norfolk and Waveney, and with the NHS England System Transformation Group, to refine our plans for how we will use this funding to best effect.

Demand and capacity review

25. Our demand and capacity review has started. The purpose of the review is 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.
26. As previously reported, Boston Consulting Group (BCG) are conducting the review. They have started by analysing a wide range of data from the acute sector, community, primary and social care (our separate mental health review is already underway). They have been looking at our health and care system broadly, for example by analysing the numbers of beds and appointment slots available compared with demand.
27. We are also making sure that the experience, understanding and insights of our workforce are captured by and informing the review. BCG have so far conducted 20 in-depth 1:1 interviews and 15 group sessions with staff from across the health and care system to help to capture the pressures on our system and our priorities better, and to help validate the data that they're analysing.
28. The next step for the review is to continue to engage with people from across the health and care system, including clinicians, health and care professionals, commissioners and voluntary sector colleagues. BCG are also going to look in more detail into the pressures facing acute services and primary care.
29. This review is building on all of the work we have done to date and once complete will provide us with a more detailed picture of the impact of the changes we are making and provide a modelling structure for the future. 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.

Engaging with our staff: establishing a social partnership forum

30. Involving our staff in the transformation of health and care services is vital to our success as a partnership. Over the past couple of years we have spoken with local union representatives about the work of our partnership. Following our most recent meeting with local unison representatives, we have agreed to establish a Social Partnership Forum (SPF) covering Norfolk and Waveney.
31. Many other partnerships have established an SPF as a way of speaking with trade unions about system transformation. Setting one up locally will provide us with a more regular opportunity to engage with unions about our STP, the development of our ICS and any workforce implications. It will complement the other work we are doing to involve clinicians and staff in our work, including at the staff side meetings that each organisation in our partnership already has with their union representatives. The first meeting will take place in January 2019.

Key Risks and Challenges

32. 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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