in good health

Norfolk and Waveney Sustainability and Transformation Plan
Update for governing bodies and trust boards – September 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 July 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 prepare for winter.

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

Integrating health and care services in Norfolk and Waveney

1. Our partnership has been selected as one of six sustainability and transformation partnerships (STP) nationally to participate in the Aspirant Integrated Care System (ICS) Development Programme. The programme is aimed at helping health and social care leaders develop the skills they need to make accelerated progress this year and give their partnership the best chance of meeting the ICS Programme entry criteria for 2019/20.

2. The purpose of the programme is to provide space for reflection, sharing of learning, and continuing professional development for system leaders in five core areas, related to the core ICS baseline capabilities:
   - Effective leadership and relationships, capacity & capability
   - Coherent and defined population
   - Track record of delivery

- Strong financial management
- Focus on care redesign

3. It is a structured programme of support delivered over 11 weeks from September to December 2018 by Optum Health Solutions (UK) and PwC, and funded by the NHS nationally. The programme will be tailored to the needs of our health and social care system.

4. Our system was identified by regional and national NHS England and NHS Improvement colleagues as making good progress. Their support is a positive endorsement of our progress to date.

5. Over the autumn and winter we will continue to engage the public, staff, the voluntary and community sector and other stakeholders in the development of our integrated care system.

System financial recovery

6. Our System Financial Recovery Group, made-up of finance directors from all the organisations involved in our partnership, has now developed a much more detailed picture of our collective financial position than we've had previously. We have used this information to develop a short-term financial recovery plan. Here is an overview of the key parts of our plan:

7. An important first step we are taking is to move to block contracts between the clinical commissioning groups and the three hospitals. Our original aim was to agree contracts with our three acute hospital trusts by the end of July. Good progress has been made with the James Paget University Hospitals NHS Foundation Trust. A Statement of Intent has been signed by the trust and NHS Great Yarmouth and Waveney CCG. It was agreed that the detailed work to implement the block contract would be completed by the end of August. The CCG and the trust have also agreed to set-up a joint Transformation Programme Board to oversee delivery of joint cost reduction and activity management programmes.

8. Further work needs to be done to agree block contracts with the Norfolk and Norwich University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust. We are now working towards to having block contracts in place with both of trusts by the end of September.

9. Looking towards the next financial year, we are exploring putting in place Minimum Income Guarantee Contracts for 2019/20 with all three acute hospital trusts. These are a more sophisticated contracting arrangement, which help clinical commissioning groups and hospitals to understand their financial position and make plans for delivering services, whilst reducing the risk of spending more money than we have.

10. Our clinical commissioning groups and the providers of health services have shared more information with each other about their savings and efficiency programmes that they are currently working on. By the end of September we will have reviewed all of these to see if there are opportunities to learn from each

other or identify ways of expanding savings programmes so that they save more money.

11. Cost Improvement Programmes (CIPs) are the savings and efficiency programmes run by hospitals and other NHS trusts. These are not currently jointly monitored or managed by the different healthcare providers in Norfolk and Waveney. Instead, each provider trust has their own internal process. We are going to create a Joint Provider CIP Board to align opportunities and increase the pace and rigour of cost savings and the standardisation of CIP reporting.

Demand and capacity review

12. Boston Consulting Group (BCG) has formally been awarded the contract to conduct our demand and capacity review. 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.

13. 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 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.

14. BCG are already conducting our mental health review. They will be able to make sure that these two significant pieces of work are joined-up, and provide us with a strong evidence base and detailed plans as we move towards becoming an integrated care system.

Developing a long-term strategy for mental health

15. Work has started on our strategic review of mental health services and the development of our ten year mental health strategy for Norfolk and Waveney. Engagement with service users and professionals from primary care, secondary care and mental health services will be vital to the review, and BCG has started to engage with these groups. A full programme of engagement is being developed for the year ahead, which will include focus groups, attendance at existing local forums and opportunities for people to take part online.

16. BCG are 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. They are also reviewing international best practice models for mental health provision and assessing what could work in Norfolk and Waveney.

17. The review will be completed by the end of 2018 and the strategy finalised by next spring. We are working very closely with colleagues in Suffolk who are conducting a very similar piece of work.

Preparing for winter

18. A priority for our partnership is to develop a robust winter plan which takes into account national best practice and lessons learnt from last winter. The new Winter Room Director is leading on this work across Norfolk and Waveney, working closely with the local commissioning teams who remain the system leaders for winter planning and resilience.

Urgent and emergency care transformation funding

19. The five CCGs are investing £2.6 million in winter planning this year. On top of this, we've secured funding from NHS England for urgent and emergency care transformation totalling £387,000. All of the projects will help us deliver the national priority to reduce long hospital stays by 25%. The funding is for:
    - Employing two additional integrated care coordinators to support early discharge from hospital for patients known to community services.
    - Increasing community bed capacity and wraparound support in West Norfolk and Great Yarmouth and Waveney.
    - Additional administrative resource to enable clinical staff to have the capacity to attend and engage with hospital ward rounds and multi-disciplinary teams, so that they can use their know ledge about community services to support discharge at an earlier point than they do now (this would be at the Norfolk and Norwich University Hospital).
    - Additional outreach therapy resource to support discharges from procured beds. An aim this winter within central Norfolk is to pilot a ten bedded non-weight bearing pathway in an appropriate care home as part of the discharge to assess pathway development. This will release beds occupied by non-weight bearing patients in intermediate care, who often have a long length of stay. This new team would have responsibility for reviewing patients on this pathway, providing early rehab and discharge planning.
    - Implementing discharge coordinators within NCH&C to reduce the length of stay in intermediate care beds.
    - Providing additional resource to strengthen the discharge planning team at the Queen Elizabeth Hospital at weekends.

Elective care transformation funding

20. We have also secured funding from NHS England for elective care transformation totalling £75,000. All of the projects will help us deliver the national priority to reduce long hospital stays by 25% and to help us meet our 18 week referral to treatment target. The funding is for:
    - Conducting a formal evaluation of the musculoskeletal first contact practitioner pilot, which aimed to ensure that patients are directed to specialist physiotherapy, supporting the national initiative to make sure that patients are seen by the right clinician first time.
    - Employing a project manager for the creation of a single clinical service for ENT across Norfolk and Waveney, in line with the acute services review we recently conducted.
    - Funding to undertake patient validation of the 18 week waiting list at the Queen Elizabeth Hospital. This will improve waiting times by reducing the demand for appointments and will lead to an improvement in outcomes for the overall patient cohort.

Our prevention priorities

21. The Prevention Workstream has developed five prevention priorities, focussed on addressing winter pressures. Close working with district, borough and city council colleagues, as well as voluntary and community groups, will be vital in delivering these priorities. The priorities are:
    - Infection Prevention and Control: To reduce staff sickness absence, increase bed capacity and improve care home availability.
    - Respiratory conditions: To reduce ambulance calls, A&E attendances and emergency admissions due to respiratory conditions.
    - Cardiovascular conditions: To improve early detection and treatment of hypertension, atrial fibrillation and heart failure, to prevent stroke, exacerbations of heart failure, myocardial infarction and death.
    - Housing: To increase bed capacity, through timely discharge and prevention of emergency admissions caused by housing problems.
    - Social prescribing: To reduce demand for primary care; prevent unnecessary hospital admissions and A&E attendances.

Cancer care in Norfolk and Waveney rated as good and outstanding

22. All of the CCGs in the Norfolk and Waveney have recently been rated as good or outstanding for cancer services by NHS England. In particular one year survival rates have shown a significant improvement across all five CCGs. Our patient experience scores continue to be rated as ‘good’ across the STP, this reflects well on the care provided across both primary and secondary care.

23. We’re continuing to look for ways to improve cancer care though. Work is underway to review the pathways for lung and prostate cancer at each of the acute hospitals with a view to aligning these (whilst allowing for local variation to reflect the staffing and equipment available at each hospital). Initial changes to pathways will be made by the end of 2018 and implementation will be complete by April 2019.

24. A priority is to implement the new Faecal Immunochemical Testing (FIT) for bowel cancer. It is a relatively simple testing process which should speed-up ruling out a cancer diagnosis. It should lead to earlier detection of polyps and improved prevention of colorectal cancer, as well as result in a reduction in invasive hospital procedures and unnecessary travel to hospital for patients. We are going to pilot FIT in primary care as a diagnostic support tool. We want to assess the potential for the use of FIT as a risk stratification/triage tool in secondary care.

Developing our workforce: launch of the nursing associate training programme in Norfolk and Waveney

25. We have started training our first 70 nursing associates in Norfolk and Waveney. Once qualified, our new nursing associates will be an important part of the workforce in future by providing hands-on care to patients and people receiving health and social care across Norfolk and Waveney. They will join our existing

healthcare support workers, nurses, care home staff and others in providing excellent care for local people.

26. The role will help to increase clinical competence and capability of the workforce, as well as allow for innovative approaches to workforce modelling and the use of skill mix within settings. The involvement of social care sets us apart from other areas of the country which have taken part in the first two waves of the trainee nursing associate programme.

Funding to modernise the NHS and our digital technology

27. NHS England has announced £412.5 million of funding which will be invested in the digitisation of hospital, ambulance, community and mental health providers over the next three years.

28. Our partnership will receive almost £7.5 million over the next three years, and we will be submitting our plans for how we will use this funding in October:

<table>
<tr><th></th><th>2018/19</th><th>2019/20</th><th>2020/21</th><th>Total</th></tr>
<tr><td>Revenue</td><td></td><td></td><td rowspan="2">£3.9m</td><td rowspan="2">£7.455m</td></tr>
<tr><td>Capital</td><td>£1.88m</td><td>£1.67m</td></tr>
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29. We are in the process of assessing suitable schemes. Our high-level list, based on the national criteria, includes:
    - Electronic observations
    - Outline business case for electronic patient record system
    - E roster development
    - Norfolk and Waveney integrated digital care record
    - SystmOne inpatient bed module for NCH&C
    - Clinical decision support tool for better radiology requesting across the STP
    - Business intelligence development
    - Transfers of care improvements

Key Risks and Challenges

30. 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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