

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

Report Title:	Update on the Norfolk and Waveney Sustainability and Transformation Plan
Meeting Date:	21 July 2016
Chairman:	Councillor Tony Goldson
Board Member Lead(s):	Andy Evans
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What is the role of the Health and Wellbeing Board in relation to this paper?

1. The Waveney district of Suffolk is part of the Norfolk and Waveney (N&W) footprint for the Sustainability and Transformation Plan (STP). This paper seeks to assure the Suffolk Health and Wellbeing Board (HWB) that the Norfolk and Waveney STP reflects the needs of Waveney as well as reflecting the overarching Suffolk STP.

Key questions for discussion:

2. The key questions for discussion are:
 - Does the content of the Norfolk and Waveney STP provide assurance to the Suffolk Health and Wellbeing Board that the needs of the Waveney population are being addressed?
 - Is the Suffolk Health and Wellbeing Board assured that the NHS GY&WCCG are advocating and ensuring inclusion of the Waveney population in the Norfolk and Waveney STP?

What actions or decisions is the Board being asked to take?

3. The Board is asked to agree:
 - a) That assurance will be gained by the Health and Wellbeing Board by regular updates from NHSGYWCCG.
 - b) To continue to delegate responsibility to NHSGYWCCG to ensure that the Waveney population is reflected within the Norfolk and Waveney STP.

Brief summary of report

4. This report provides an update on the position of the Norfolk and Waveney STP and a summary of key priority areas for the STP that were highlighted in the June 2016 submission.

Main body of report

Background

5. NHS England has asked every health and care system to develop a blue print that will enable the NHS Five Year Forward View (5YFV) to be achieved at pace. The Sustainability and Transformation Plan (STP) will be place-based, multi-agency and planned around the needs of local populations.
6. There are 44 footprints and Great Yarmouth and Waveney (GY&W) is within the Norfolk and Waveney footprint (N&W).
7. The lead for N&W footprint is Wendy Thomson, Managing Director Norfolk County Council (NCC) and there are 15 organisations represented within the footprint. Suffolk County Council is not one of these organisations. However, there have been invitations and attendance at the first stakeholder workshop from Suffolk County Council.
8. The first 10 slide submission to NHS England was achieved in April 2016.
9. The June submission to NHS England of 30 pages was submitted on 30 June 2016, this submission was a checkpoint prior to the full detailed submission due in October 2016.
10. The final submission will be in October 2016.

Norfolk and Waveney 30 June submission

11. The submission was agreed underpinned by the following priorities - these were agreed by the 15 organisations responsible for submission of the N&W STP.

System wide Priorities

12. This whole system approach is reflected in the priorities adopted by our partnership:
 - We must focus on preventing illness and promoting well-being
 - We want care closer to home
 - We can do more by closer and more integrated working, across physical, social and mental health
 - We need a thriving and sustainable acute sector
 - We have got to provide services within the finances available.

Principles for patients

13. The principles for patients is the partnership commitment to patients and client
 - Looking at me as a person
 - Keeping me at home as long as possible
 - Having one person to connect to my care who is easy to get hold of
 - Outcomes that are important to me are what matter in my care
 - People who care for me talk to each other
 - One visit not 5
 - I will get good care any time, any day
 - I can trust who sees me
 - My time is precious

Key Priorities

14. The key priority **Keeping me at home** –maintain peoples independence for as long as possible with the services wrapped around them. The services should be primary and community centric and therefore admissions to secondary care reduced.
15. Addressing the **financial gap** the full financial plan is due for submission in Mid-September 2016, where it should have a plan to address the financial gap across health and social care.
16. Addressing the **Prevention and Wellbeing** agenda this will focus on increasing community capacity and primary prevention. As well as promoting people to manage their own conditions and reduce unexplained local variations by reviewing clinical pathways.
17. New models of care in **Primary and Community Care** will focus on providing the right services in the right place supporting independence. There will be focus on development of primary care at scale, enhancement of out of hospital teams, and review of hub and spoke/cluster approach.
18. Progression to full delegated commissioning of primary care 2016/17. A focus on learning disabilities and dementia through programme boards and networks.
19. **Acute care** is to undergo an independent review within the Norfolk and Waveney area and this will build on the Norfolk provider partnership that was signed in the autumn of 2015.

Key Questions

20. There are key questions that have been raised as part of the N&W STP June submission
 - a) *What is the quantified, evidenced level of shift out of hospital care into the community? And what investments are needed to facilitate this?*
 - b) *What is the optimum model of delivery for sustainable, integrated community care (Primary, community and social care services) to better manage demand?*
 - c) *What is the optimum pattern of acute secondary care for both physical and mental health services across the footprint and beyond?*
 - d) *What is the most effective configuration of organisations – both commissioner and provider - to effectively deliver these changes?*
 - e) *How do we ensure that we fully engage the citizens of Norfolk and Waveney in resetting the health and care offer?*
 - f) *And, to what extent do each of the above close our identified gaps in terms of health outcomes, workforce, and finance?*
 - g) *And what is the system ask in terms of the total value and timing of Transformation Funding?*
21. It is recognised that the N&W STP footprint does not have enough detailed information at the time of the June submission to decide and plan, therefore a request has been made to 'draw down' some funds to support in the detailed analysis and review that is required. This will then support the October submission.

22. It is recognised that the Suffolk STP is further developed and therefore a direct comparison at this time is challenging. However there are key similarities. These include elderly care, management of long term conditions, self-care management especially in relation to alcohol, obesity and smoking. Both STPs recognise the need to shift acute care to primary and community care through Multi Community Providers, Primary Acute Community Services etc. There is a need for review of acute providers and services delivered and again this is a theme through both STPs.
23. The Suffolk HWB has four required outcomes as a benchmark and the N&W STP picks up on these outcomes, in different terminology. However, the themes are present, good quality of life, focus on mental health and wellbeing, that we promote independence for people with learning disabilities.
24. Throughout both STPs there is recognition of the challenges surrounding workforce, leadership, technology, estates infrastructure, engagement/communication etc. All of these will be addressed through various work streams which are in progress.

Who will be affected by this action/decision?

25. The local population of Waveney.

Sources of further information

STP Guidance:

<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/>