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The Norfolk and Waveney Health and Care Partnership

Norfolk and Waveney System Clinical Strategy Development

March 2021

Introduction

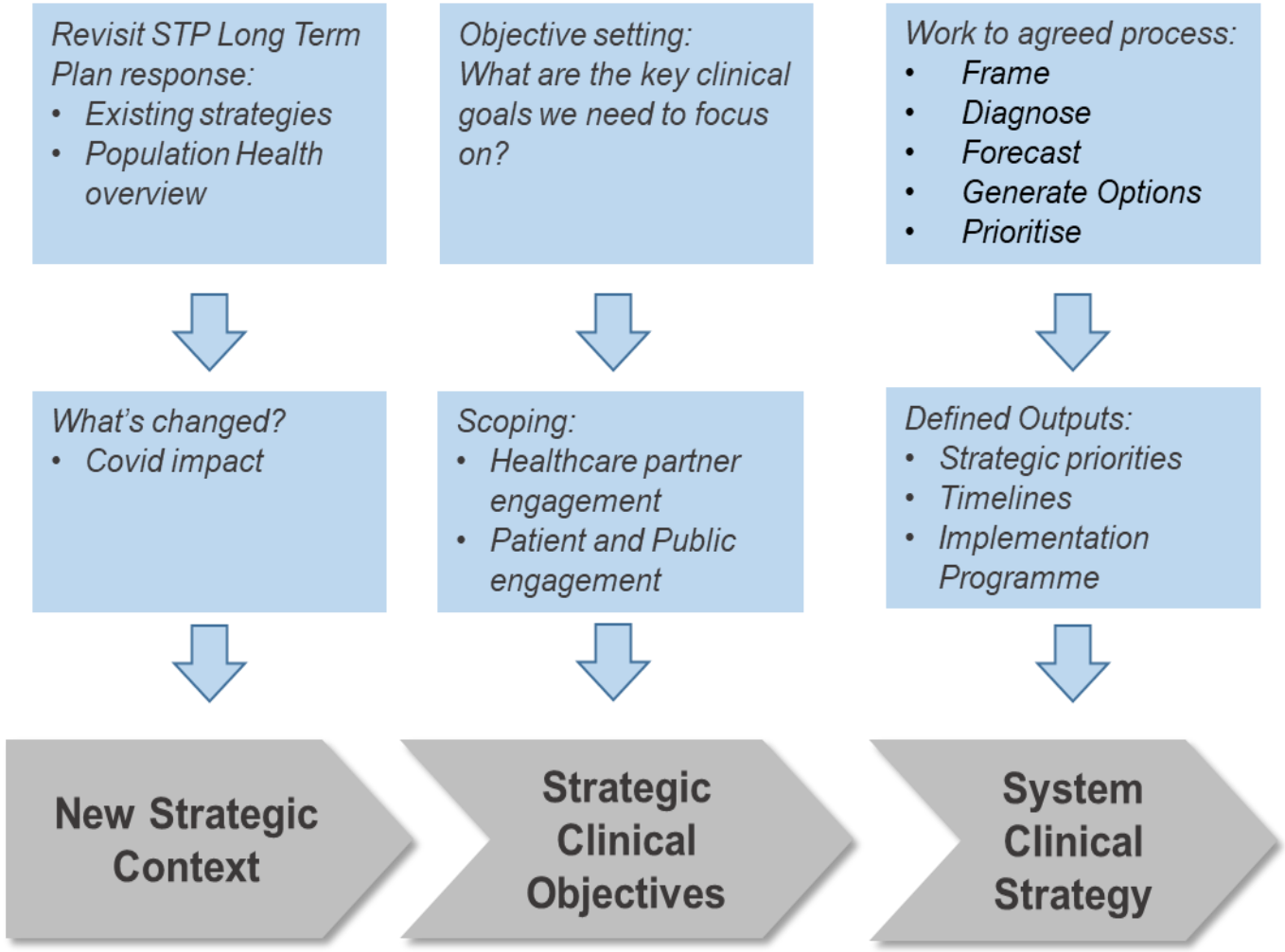
Our ICS has agreed to develop a system clinical strategy following the approach set out in Figure 1.

Developing a clinical strategy is a key priority in ensuring that, as system partners, we are aligned in our purpose and mid to long term efforts as we transition from pandemic crisis response, through recovery and into the 'new sustainable' future.

Before the pandemic struck, we were in the first year of delivering 'A Healthier Norfolk and Waveney' the system's then long term plan (Appendix 1). A great many people contributed to this document and further system and service development has progressed since, including place based discussions.

Appreciating this, we are by no means starting again. Rather we are harnessing our current understanding with what we knew before, applying it to the new operating environment and coordinating our efforts 'under one roof'.

Figure 1: Developing the Norfolk and Waveney system clinical strategy



1. New Strategic Context

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The pandemic has been an experience like no other for the NHS, its staff and everyone in our nation. Covid-19 has exposed and intensified existing underlying issues relating to health inequalities and long-term conditions.

The extent of the impact of the pandemic is still emerging and will continue to change over the next 12 months as surges occur and the success of the vaccination programme is realised. However, the learning from this should not be focused around how best we can manage an outbreak of a single respiratory disease, but around the crucial task of all health and care services to reduce health inequalities. In other words how we strengthen the functions and services in our system that improve the health and well-being of everyone in Norfolk and Waveney.

Reviewing the new and emerging strategic context for the Norfolk and Waveney system will enable us to build our medium to long-term clinical strategy. While the challenges of the next 18 months are formidable, it is important that as a system we are able to have a longer term clinical plan to help achieve our vision.

As with everywhere in the country, what we refer to as the 'operating environment' to achieve our vision and deliver changes has been significantly impacted by the pandemic. Key aspects include:

- **a significant increase in treatment waiting times. The system has moved from zero 52 week waits for first definitive treatment in January 2020 to almost ten thousand (and rising) at the time of writing;**
- **increased inequity around accessing services across the system;**
- **the unknown impact of interrupted care during the pandemic for those with chronic conditions;**
- **the impact of the 'missing patients' who did not present as emergencies to primary or secondary care during the first wave;**
- **the potentially prolonged affect on mental health and well-being of citizens, patients and staff arising from the pandemic and intensity of care provision, including trauma and economic hardship;**
- **the intensification of health inequalities and in particular the interaction between biological and social determinants of health and well-being.**

1. New Strategic Context

The pandemic crisis has, however, elicited positive outcomes in terms of accelerated policy and whole pathway shifts that have previously only seen incremental changes. These have been clearly evident in Norfolk and Waveney, through our collaborations to produce resilience and restoration plans that have seen our hospitals being able to treat our sickest patients, community care being provided for our most vulnerable patients, our population being rapidly vaccinated, and confirmation of our designation as an ICS.

We are seeing changes that have needed to happen in health and care for a long time, and they are gaining traction and becoming more possible due to the different context of Covid. This could lead to bigger developments around how we organise healthcare and specific service innovations.

Our review of the new strategic context has lead us to believe that our clinical strategy needs to respond to 10 areas, which we describe in Table 1

Table 1: 10 areas our clinical strategy needs to respond to.

The importance of building on the existing vision and objectives of the system Long Term Plan
The need for a long term reset of clinical services in response to the context of Covid recovery, specifically addressing health inequalities.
Address the current backlog and future sustainability of elective care, assessing all available assets within the system and increasing protected elective care capacity.
Have a focus on how our estates can maximise the opportunity to transform care delivery including configuration of hospital services, and primary care hubs across rural areas.
Prioritise effective digital solutions that connect services and increase patient confidence in self management and remote consultation
Define plans that support places and neighbourhoods to best respond to their population health management challenges through new models of care, interventions, and enhanced community and care closer to home service provision.
The Norfolk and Waveney #WeCareTogether workforce transformation plan, particularly around the system wide adoption of new ways of working and the development of people to support the provision of intermediate care.
Acknowledge the requirement for the system to achieve financial sustainability.
Accelerate the development of non elective alternatives to hospital care.
Prioritise the mental health of our population ensuring parity of access and service with other physical health services

2. Strategic Clinical Objectives

We have developed an iterative approach to agreeing our system clinical objectives which is described in Figure 2 and centres around four levels of input that include individual and group engagement and research.

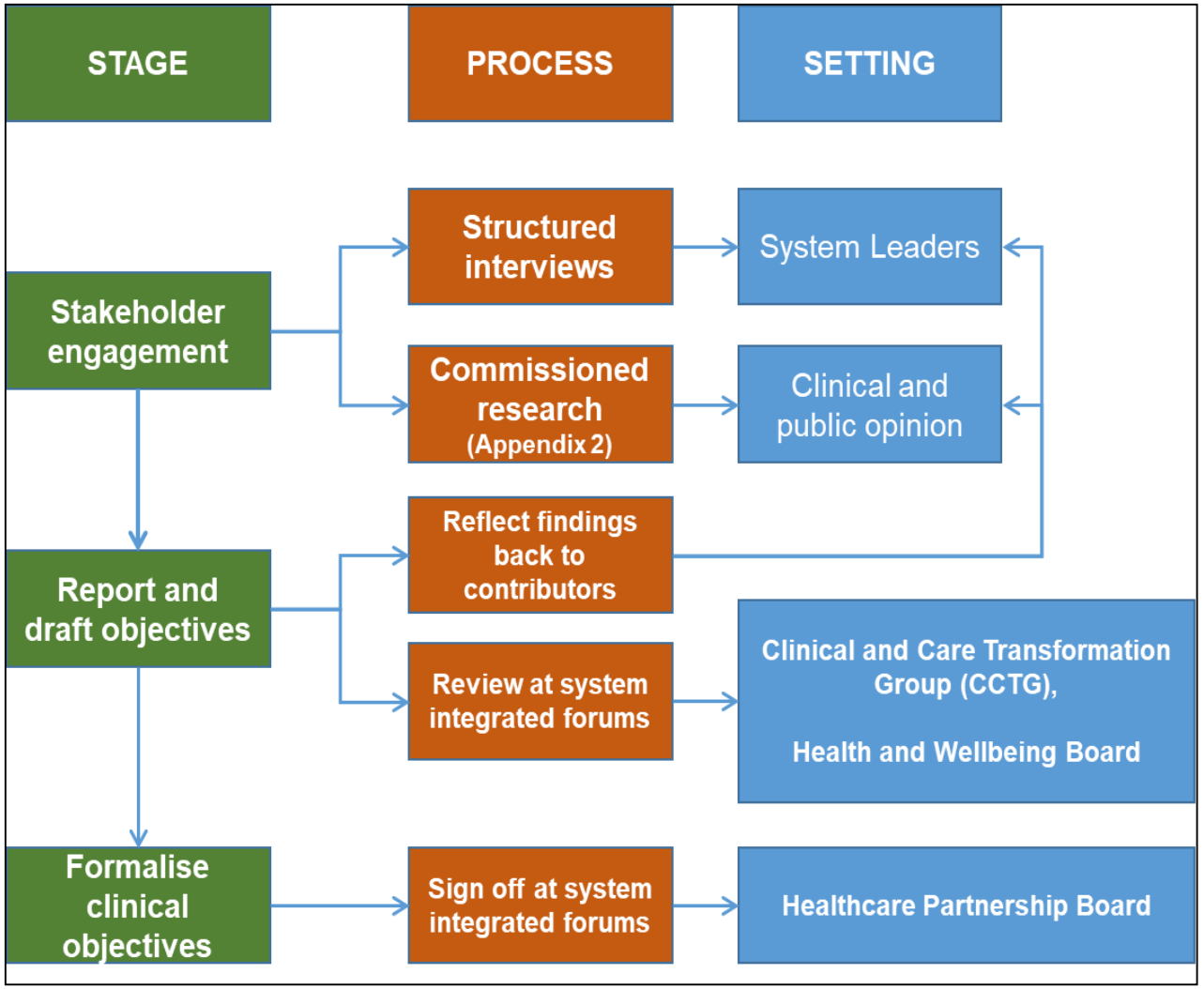
The approach is designed to ensure objectives are co-designed and meaningfully represent a future state of service delivery that speaks to people leading, delivering and experiencing care.

While we fully endorse and are committed to a co-design process, we feel that it is constructive to start with something to work from and have outlined some design principles and some example clinical objectives from which discussions can stem with system leaders and the public. These appear on the next two slides.

At the time of writing we have commissioned the independent research project to gain insight into what healthcare priorities would mean the most to our citizens, patients and clinicians.

We have also begun to engage our system leaders about their views and will have both pieces of work completed in the summer to move on to the final phase of the project: writing our clinical strategy document.

Figure 2: Engagement and research process for system clinical objectives



2. Strategic Clinical Objectives

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We believe that we should agree a set of design principles to guide the system clinical strategy and against which we can measure our objectives, priorities and future plans.

To be culture lead and delivery driven	
Personalised care	Social and psychological aspects of care will be specifically integrated into health services ensuring that people are not defined by their condition(s) alone.
Preventative care	Actively targeting the antecedents of physical and mental health issues and collectively having a positive influence on the wider determinants of health will be key to changing the current traditional model of 'illness based healthcare'.
Equity of outcome	Comparatively poorer mortality and physical and mental health outcomes will underpin transformation plans and the allocation of resources.
Quality and access	Addressing variations in quality and access is a priority in reducing poorer outcomes.
Care close to home	Wherever it is appropriate and safe, services will work together to deliver care in people's own neighbourhoods.
Evidence based care and research	Insight and analytics will be the cornerstones that deliver care improvements on a large scale.
Collaboration	Alignment and design of services will be undertaken in collaboration with the people they affect, whether they are delivering or experiencing care.
Value based healthcare	Equitable, sustainable and transparent use of all available resources to add value and achieve better outcomes and experiences.

2. Strategic Clinical Objectives

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We have considered the 10 areas that the system clinical strategy needs to respond to and used the design principles to offer some examples of what system clinical objectives might look like:

Example System Clinical Objectives
We will learn from our experience of the pandemic and work together within the new reality to ensure we have high levels of preparedness for future potential waves of coronavirus.
We will target the antecedents of poor health and wellbeing by delivering a wholesale change in culture towards health, through embedding prevention across all organisational strategies, specifications and policies.
We will develop innovative models that are personalised and deliver joined up care closer to where people live through integrated neighbourhood teams.
We will develop proactive intermediate care services that reduce crises, improve more peoples recovery and independence following hospital discharge, and ensure that anyone experiencing end of life care receives high quality and compassion.
Through a ‘mental health in everyone’s mind’ approach we will join up all of our physical and mental health care services helping people to better manage their different conditions, and to improve their outcomes, prevent unnecessary problems and identify risks earlier.
We will re-design a more localised 24/7 integrated urgent care service that is easy to access and ensures responsive ‘right care, right place, right time’ for non life-threatening health and wellbeing crises.
We will deliver better health outcomes for people who require specialist hospital care through more equitable access to high quality and sustainable services that are available locally wherever possible and a commitment to reducing variation.

Appendix 1

A. Overview of Norfolk and Waveney STP Five Year Plan (2019-2024)

The overarching system plan before the pandemic

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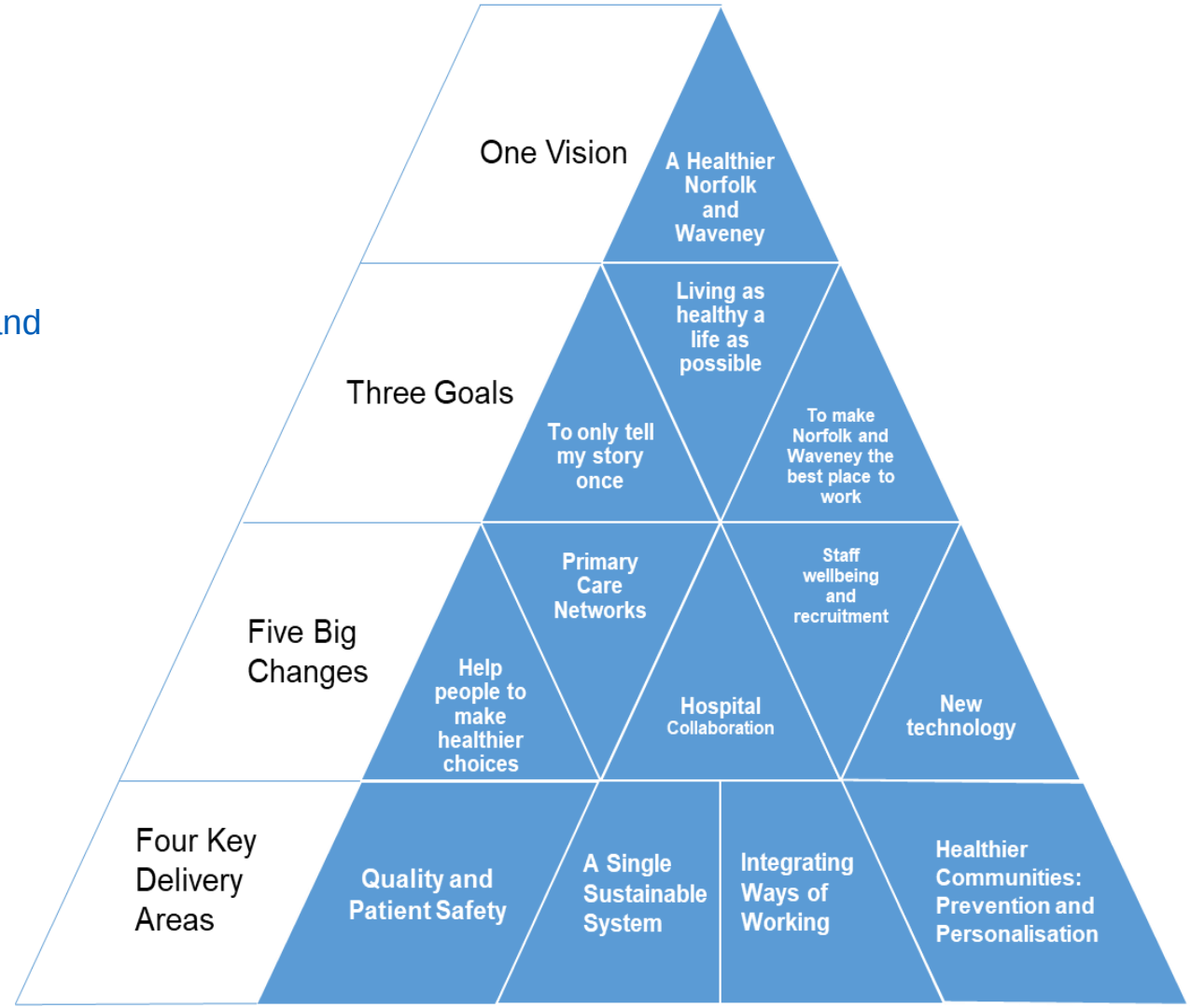
In January 2020 our STP responded to the NHS Long Term Plan through the 'A Healthier Norfolk and Waveney (2019-2024) system plan.

The Norfolk and Waveney back drop to system change included:

- The rurality of a growing and ageing population
- Primary care working to capacity, with a shrinking GP workforce
- Hospital inpatient bed capacity struggling to meet demand
- Community services struggling to meet demand from hospitals
- Social care and home care capacity struggling to keep up with demand
- A system in financial distress

At the time our strategic delivery plans identified some of the following priorities

- Reduce hospital length of stay;
- Increase early hospital discharge of the number of patients who are 'medically fit for discharge';
- Implement locality-based healthcare models to support primary care;
- Improve access to primary care with alternative workforce models
- Reduce primary care demand with nurse-led triage, self-care tools, digital consultations, correct signposting and social prescribing;
- Agree and deliver acute service integration opportunities;
- Deliver outpatient transformation objectives
- Review and address the variation in clinical care across services, and against national peers.



Appendix 2

Research project outline

1. Stakeholder communications and engagement

- Our first priority is to help key stakeholders understand the nature and scale of the challenges we face, and that we are developing a strategy to address these.
- Throughout the pandemic we have engaged with stakeholders, including MPs and councillors, to help them understand the impact on health and care services.
- Much of this has been on the short-term impact on services and people's health and wellbeing. We will continue to share with them the short-term actions we are taking or going to take to recover services.
- Over the coming weeks and months we will start to talk more with stakeholders about the longer-term impact and how we address the challenges we face.

2. The Research

- The research we are commissioning is with:
  - people who are currently using health / care services, or have recently done so
  - clinicians from primary, community, mental health and acute care, including the East of England Ambulance Service and 111

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3. Research objectives

Our research objectives are to:

1. Understand which of the changes made to health and care services in the last few years patients and clinicians feel have worked well and which haven't.

2. Discover to what extent patients and clinicians understand the challenges facing the health and care system, as well as the language they use when discussing those challenges.

3. Explore patients' and clinicians' priorities and ideas for how health and care services are delivered in future.

4. Explore how people and clinicians feel about patients doing more to look after their own health and wellbeing.

5. Find out what patients and clinicians think and feel about some of our ideas about how health and care services might be delivered in future.

4. Ongoing engagement

- All of the organisations in our Health and Care Partnership have patient experience and engagement colleagues who will be supporting this piece of work.
- Our plan is for our local teams to use the discussion guides and questions we'll be developing for the piece of research to talk to some other patient groups, supplementing the work our researchers will be doing and increasing the number of people we hear from.
- The findings from the research will help to shape not only our communications, but our wider engagement with the patients, the public, clinicians and other health and care professionals, as our work to develop the strategy progresses.