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The Norfolk and Waveney Health and Care Partnership

Norfolk and Waveney Sustainability and Transformation Partnership

System Overview: 2019/20

April 2019

Introduction

Our overarching aim for Norfolk and Waveney Sustainability and Transformation Partnership is to build healthier communities in Norfolk and Waveney for the people we serve. However, to achieve this, our system commissioners and service providers will need to work together differently.

As a system we have come together and set out a series of vision statements to help shape our health and care services for our population. We aim to communicate and adapt this vision further over the coming months.

- Together we will build **healthier communities** in Norfolk and Waveney
- We will provide **high quality and responsive** health and care services for Norfolk and Waveney. We will be there for our people when they are vulnerable, regardless of age or ailment
- We will make it easier for people to **access our services** to enable people to lead happy and healthier lives
- Working in partnership we will provide **sustainable services** through an empowered workforce

During 2018/19 we embarked on some key strategic developments with the review of demand and capacity across the system, the development of the mental health strategy and the review of children and young people's mental health services. All these pieces of work will ensure we plan effectively for and with a strong basis to improving our services over the next 12 months and beyond.

Our Estates Strategy was developed and approved by the STP Executive. The document received positive feedback and will be further developed during 2019/20. Whilst we were unsuccessful with our Wave 4 capital bids we will continue to seek means to invest in our infrastructure and to use the estate available to us to the maximum effect.

The appointment of a new STP Executive Lead (and also Accountable Officer across the five CCGs), Chief Finance Officer and Chief Operating Officer has provided increased and improved focus on delivery and strengthened our grip on operational performance.

System Priorities and Deliverables

Working Together

Our overall leadership comes from different organisations across Norfolk and Waveney, including representatives from our commissioners, providers and local authorities. Our leaders must be collaborative and have a clear sense of accountable and collective responsibility. These behaviours will need to be cascaded throughout their individual organisations, so that our 27,000 members of staff can also live these principles.

The shift from organisational to system leadership represents a change in our ways of working (which we have already developed through working as an STP), throughout all levels within our organisations. This has shown recent progress with the appointment of an Accountable Officer for the five CCGs and the planned implementation of a single management structure for the CCGs. This will continue during 2019/20.

It is likely that the process to reach an effective integrated system will be iterative. However, at every stage, changes in care, governance, or financial management must be supported by consistent behaviours to enable a successful journey towards becoming an ICS.

As part of our development as an aspirant system, the following principles have been developed and will be refined and communicated further as we move towards becoming an ICS. Successful joined up working has to happen at each and every level of our organisations. This will take time and effort to implement.

Trust: We will be open and honest and focus on working together to develop a culture of trust.

Accountability: We will have clear accountability and responsibility for performance and resources across the system.

Commitment: We will all commit to the pace of change, working together to drive forward the improvements required for our people.

Presence: We will be present when required. We will develop high quality relationships and support each other, especially in difficult times.

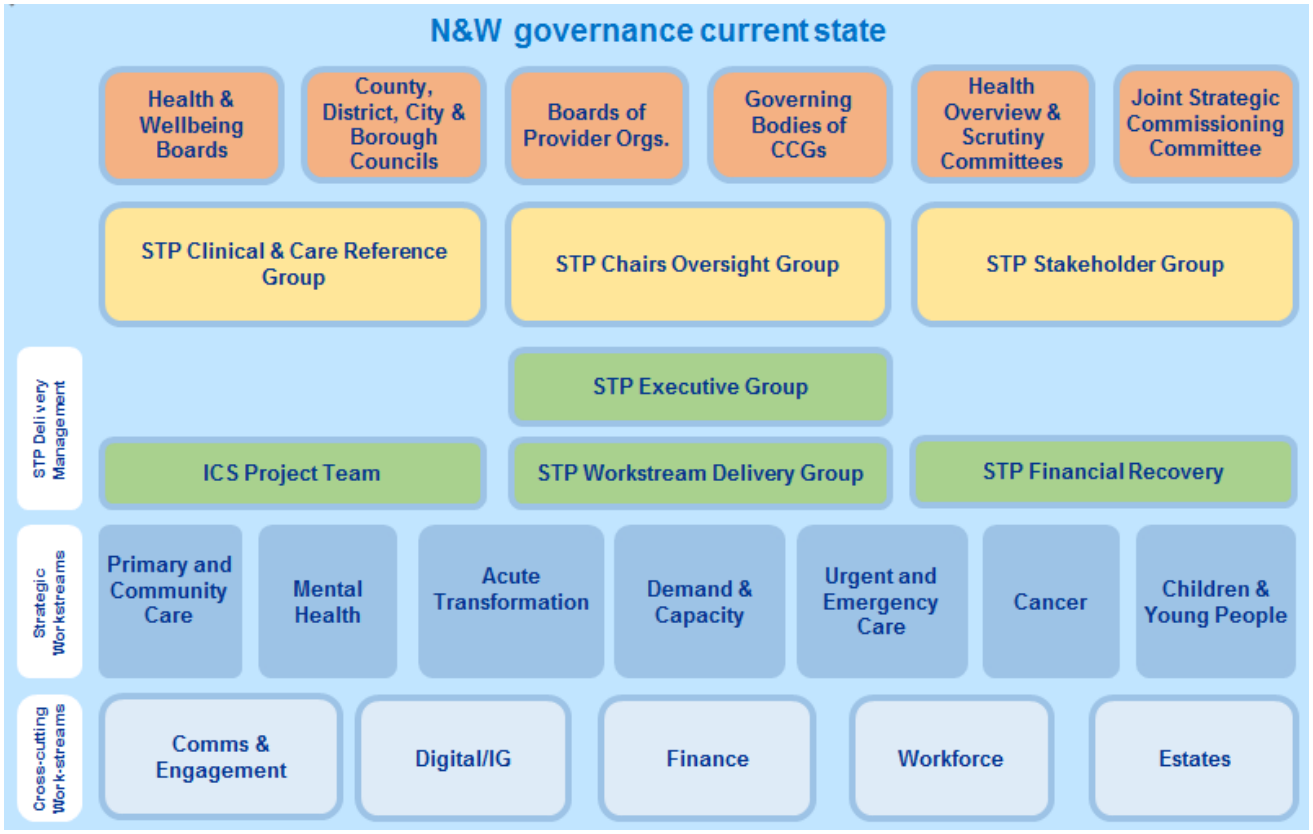
Our governance structure has been established to enable good partnership and collaborative working with wide representation across the system in all our forums to ensure ownership and collective responsibility.

There are three groups which are key to the governance regime in terms of holding the partners to account. These are:

STP Chairs Oversight Group: Membership consists of Chairs from all partners and its responsibility is to support good governance and to provide ‘non-executive’ scrutiny and challenge to the operation of the STP and the STP Executive Group.

STP Executive Group: Membership consists of system leaders (at CEO/ Accountable Officer level) with the responsibility to oversee the operations of the STP and the development of Norfolk and Waveney as an ICS.

STP Workstream Delivery Group: Membership consists of Senior Responsible Officers for each work stream who review the work, progress, inter-relationships and priorities of the work streams. SROs are a mix of senior director-level representatives from across CCGs, Trusts and Local Authority.



The STP Executive has agreed that a performance management framework should be developed in order that we have stronger oversight of performance across our system. This will be developed and in place by June 2019, led by the Chief Operating Officer Forum which will meet for the first time in March 2019. Membership consists of Chief Operating Officers from all providers and commissioners. The Forum will take place on a monthly basis.

The Chief Finance Officers Group is an established forum which meets on a monthly basis and has developed the aspirant ICS documents for contracting, financial strategy and MOU, all of which set out the principles for working together.

The latter two groups have developed system performance reports for operational performance and finance. With effect from April these reports will be provided to all organisations as part of the STP information to Boards and Governing Bodies.

Quality performance reporting will be developed by the STP Chief Nurse and will be added to the information packs with effect from May. This will include insight into Quality Improvement Plans and Care Quality Commission inspections and reporting. Our system contains three Trusts who are currently in ‘Special Measures’. The development of our Quality framework will ensure we provide appropriate support, help and guidance to enable those Trusts to exit ‘Special Measures’.

We have established a Work Stream Leads Group with membership consisting of the service leads across all work streams. This group ensures efficient use of the resources available to us, provides support and challenge and ensures that there is no duplication of effort. The crossover and links across our work streams means that good communication is essential and we feel our governance structure enables effective working arrangements and collaboration.

Oversight

During 2019/20 we wish to move to a clear structure for system oversight and regulation which avoids duplication and multiple or similar contacts/meetings with different organisations. This involves a single route of communication, and seeks to enable the system to focus on improving and transforming quality and efficiency of care and reduce repetition of effort across organisations.

Oversight arrangements will reduce the burden on systems and enable them to have greater freedom regarding how to operate their system to transform care and meet national priorities.

Priorities

To enable us to achieve our vision we have a number of strategic priorities – each priority has a system-wide work stream with leadership from across the system to accelerate development. The work streams tackle challenges that we can only effectively solve as a system. As we become an ICS we are developing new capabilities in system leadership, financial management, and care redesign that will help us to progress these priorities. A number of working groups, consisting of leaders from across Norfolk and Waveney, have been established to progress these capabilities.

A. Primary and community care

The primary and community care work stream brings together health and care providers with the aim of establishing Primary Care Networks across Norfolk and Waveney in order to:

- Improve health and wellbeing outcomes for our population,
- Ensure resilient and sustainable services,
- Improve the financial health of our system.

The key components of the NHS Long Term Plan that are being delivered by the work stream are:

- Delivery of primary care networks providing integrated care in the community.
- Focus on prevention and health inequalities through our population health management approach and a reduction in unjustified clinical variation.
- Development of the workforce and new models of care.

Key deliverables

The key deliverables for the primary and community care work stream are

- To establish 20 recognised Primary Care Networks (PCN).
- By July 2019 GP Provider Organisations (GPPOs) will have developed PCN level plans to meet level 3 in the PCN Maturity Index.
- All partners will have a voice in defining what the local delivery model will look like.
- For GPPOs to undertake an Organisational Development exercise to accelerate capability and consistency.
- We are already working as a system on having plans in place by the end of March 2019 for:
    - Colocation of adult social care at a PCN level
    - Colocation of community health services at a PCN level
    - Colocation of mental health therapists at a PCN level

  Our priority is to deliver the plans over the remainder of 2019.

The work stream has a number of sub-groups to support this delivery:

Prevention: ensures greater focus and commitment from all relevant partners across the STP health and social care system on the prevention of ill health, reduction of the impact of illness and addressing the wider determinants of health. The Prevention work programme currently centres on 5 main priorities:

1. Infection Prevention and Control (a co-ordinated focus on flu and norovirus prevention and management)
2. Respiratory (a focus on stop smoking provision and management of COPD and Asthma)
3. CVD (Identification and management of AF and Hypertension)
4. Homes and Health (working with district councils)
5. Social Prescribing - with an additional 2 projects reporting into the programme:
    a. Smoking in pregnancy (led by the Local Maternity System)
    b. Suicide Prevention

Diabetes: has been identified as a key STP priority due to poor performance across our system in improving diabetes care. In October 2018, the Joint Strategic Commissioning Committee approved a five-year STP Diabetes Strategy for implementation across the STP. The aspiration is to establish integrated and sustainable primary care services ensuring equitable access to high quality diabetes care and other supporting services, to help people to live as well as they can. The proposals outlined in the diabetes strategy are consistent with the emergence of primary care networks (PCNs) across the five CCGs and the national plans for future delivery of primary care services as described in the NHS Long Term Plan. The main priorities are:

1. Diabetes prevention, working with Public Health and Active Norfolk

2. Supporting out-of-hospital care
3. Integrate social prescribing and mental health into the pathways of care
4. Improve diabetes expertise and knowledge at a local level
5. Implement digital solutions to support the care pathways
6. Establish holistic, patient-centred care to address all of a patient's needs.

B. Mental Health

The priorities of the work stream have evolved over time, culminating in the full review of adult mental health services in 2018/19. The outcome of this review has been an Adult Mental Health Strategy that will transform mental health services in line with new models of care and responding to local need. The purpose of the work stream is:

- To oversee and drive delivery of the strategy and its related working groups. These include implementation of the 6 'commitments' that form the building blocks through which the strategy will be delivered.
- To ensure individuals with lived experience, families and carers are represented and have a voice in the development of mental health services.
- To ensure adherence to the Five Year Forward View for Mental Health and the NHS Long Term Plan; including but not limited to demonstrable parity of esteem across all pathways of care.
- To deliver optimum clinical and quality standards of delivery.
- To ensure the ongoing monitoring and oversight of the mental health agenda across the system.

Other programmes of work are being overseen by the work stream. These relate to the 5 year Forward View for Mental Health and the 2019/20 Planning Guidance. These include:

- Perinatal mental health roll out
- Physical health checks in serious mental illness
- Individual placement and support roll out
- Dementia pathway review looking at diagnosis, provision, and post diagnosis support
- Out of area placements

Key deliverables

Key deliverables for 2019/20 are:

- To implement the strategy which was published in March 2019: to develop the 6 priority commitments, being:
    - Greater focus on prevention and wellbeing
    - Ensure clear routes into and through services and make these transparent to all

    - Support the management of mental health issues in the primary care setting
    - Provide appropriate support to those in crisis
    - Ensure effective in-patient care for those that really need it
    - Ensure the system is focused on working in an integrated way to care for patients
- To agree the preferred option for mental health provision across Norfolk and Waveney and to approve the full business case and plan for implementation (as appropriate) by March 2020.

C. Acute transformation:

The purpose of the Acute Transformation work stream is to transform our acute hospital services in a way that improves the patient experience, improves the access to services (in particular waiting times) as well as ensuring services are more financially sustainable and more generally improves the quality of the care we deliver to our patients. The following projects sit within the acute work stream, being:

1. Service Transformation
2. Maternity

Radiology and back office will also form part of this work stream.

Service Transformation

The first phase of the work has been to review the financial sustainability of specialties and to work across the acute sector in Norfolk and Waveney to agree which specialties should be prioritised for transformation. The review of specialties has been completed and the following specialties have been selected for integration across the Norfolk and Norwich University Hospitals and the James Paget University Hospitals:

- Urology
- Ear, Nose and Throat
- Cardiology
- Oncology
- Haematology
- Vascular Surgery.

The programme has three aims for each of these services:

- To form one clinical team
- To have one commissioned contract across the two hospitals
- To manage one waiting list.

The services will transfer to NNUH who will become the lead provider. The services will transfer ‘as is’ and patients will not notice any change in accessing these services.

The programme currently aims to achieve transfer of the six services from the James Paget University Hospitals to the Norfolk and Norwich University Hospitals by September 2019. Further work is needed with the Queen Elizabeth Hospital, Kings Lynn to understand the financial sustainability of services and to agree the future direction for services with the work stream. The transfer of Urology from QEKL to NNUH has been agreed and will take place post September 2019.

Maternity

In 2016 Better Births set out the national priorities for maternity services across England. The work stream has been established under clinical and midwifery leadership to deliver the priorities, being:

- Improved choice and personalisation of maternity services.
- All pregnant women have a personalised care plan.
- All women are able to make choices about their maternity care, during pregnancy, birth and postnatally.
- Most women receive continuity of the person caring for them during pregnancy, birth and postnatally.
- More women are able to give birth in midwifery settings (at home and in midwifery units).

In addition, improving the safety of maternity care so that by 2020/21 all services:

- Have reduced rates of stillbirth, neonatal death, maternal death and brain injury during birth by 25% by 2025 and are on track to make a 50% reduction by 2030.
- Are investigating and learning from incidents, and are sharing this learning through their Local Maternity Systems and with others.
- Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme.

D. Demand and capacity:

The Work Stream was established in March 2019 and, through the coordinated delivery of work stream action plans, will tackle the key demand and capacity challenges in the STP. It will have a focus on system sustainability and, for the acute sector, will seek to address the demand for activity through enhanced primary, community and social care services thereby minimising the forecast need for additional acute beds.

The Demand and Capacity (D&C) work stream focuses on the findings and recommendations detailed in the Boston Consulting Group (BCG) report that was commissioned by the STP in 2018 and reported in January 2019.

The report provided a robust forecast of the capacity across the health and social care system in Norfolk and Waveney, highlighting the current capacity constraints, and modelling future demand. The impact of this progressive negative trend if left

unchecked and without intervention will result in a 500+ bed deficit in the system by 2023.

The D&C work stream seeks to establish a comprehensive series of actions, in the short, medium and long term across the acute, primary, community, and social care landscapes.

This work stream contributes to a number of the underpinning NHS Long Term Plan objectives, not least to 'do things differently' through increasingly effective partnership working. Collective interventions across the Norfolk and Waveney health care system, if implemented in good time, can create a more sustainable long-term position. This will involve ensuring the interface between providers, including the emerging Primary Care Networks, is maximised to deliver efficient patient centred services.

The work stream will exploit opportunities and deliver joined up, quantifiable, outcomes across acute, primary, social, and community providers.

Key Deliverables

Priorities for 2019/20 are:

- To establish a cross-STP working group, developing & delivering a local plan based on the detailed BCG work.
- Deliver truly integrated service models.
- To respond on all recommendations of the BCG work.
- To establish a clear communication strategy on the proposals to be delivered.
- Deliver a simplified process for discharging patients who are medically fit for discharge and reduce the number of patients and the length of time they wait.
- Undertake a community bed review so we are clear on what beds are available and their geography and consider whether this meets our needs.
- In conjunction with the development of Primary Care Networks develop pathways of care for community and mental health services within primary care.
- Accelerate the integration and transformation of outpatient care.

E. Urgent and emergency care services:

The purpose of the Urgent and Emergency Care (UEC) work stream is;

- To agree and deliver a coherent strategic approach to UEC.
- To ensure that organisations and the overall STP deliver safe and timely UEC comprised of the targets set out in the national UEC Delivery Plan and locally agreed priorities within the strategy.

The vision for the UEC work stream was agreed at the STP A&E Delivery Board (AEDB) in October 2018 and encapsulates 3 principles.

- Ensure no unnecessary admissions

- Ensure swift, timely discharge if admission takes place
- Recovery work where BAU is not delivering

The AEDB will support delivery of the Long Term plan. In particular it will input to

- Boosting 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services.
- Redesigning and reducing pressure on emergency hospital services.
- A new NHS offer of urgent community response and recovery support
- Primary care networks of local GP practices and community teams
- It will further lead on developing Pre-hospital urgent care by
    - Supporting patients to navigate the optimal service 'channel', we will embed a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services
    - Implement the Urgent Treatment Centre model by autumn 2020 so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111
    - Ensuring timely responses so patients can be treated by skilled paramedics at home or in a more appropriate setting outside of hospital.
- It will ensure that a comprehensive model of Same Day Emergency Care service is implemented and embedded within each of the 3 acute hospitals.
- It will support the continued improvement in performance of getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications.

Key Deliverables

- In 2019 England will be covered by a 24/7 Integrated Urgent Care Service, accessible via NHS 111 or online.
- All hospitals with a major A&E department will:
    - Provide Same Day Emergency Care at least 12 hours per day, 7 days per week by 31st March 2020.
    - Provide an acute frailty service for at least 70 hours per week;
    - Work towards achieving clinical frailty assessment within 30 minutes of arrival;
    - Aim to record 100% of patient activity in A&E, UTCs and SDEC via ECDS by March 2020
    - Test and begin implementing the new emergency and urgent care standards arising from the Clinical Standards Review, by Oct 2019
    - Further reduce Delayed Transfers of Care, in partnership with local authorities.

- Work towards the 2023 target whereby CAS will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care.

F. Cancer:

The purpose of the work stream is to implement an STP-wide cancer transformation programme across Norfolk and Waveney through its STP constituent organisations. The work stream will deliver the National Cancer Task Force Strategy recommendations and the Five Year Forward View for cancer (in alignment with the East of England Cancer Alliance) to;

- Improve cancer outcomes, safety and patient/carer experience
- Reduce variation in cancer pathways and
- Improve and sustain system performance re the national cancer waiting times standards.

The key components of the NHS Long Term Plan that are being delivered by the work stream are:

- Diagnose 75% of cancers at stage 1 or 2 by 2028, including lowering the age of bowel screening, rolling out HPV primary screening and extending lung health checks.
- Shared learning from LEAs re late stage lung and colorectal cancers. Plan to extend LEA offer to upper gastrointestinal cancers.
- Plan to extend the cancer prevention and awareness project with focused input to improve screening uptake across the STP.
- Introduction of FIT test (see above).
- Targeted engagement with learning disability community re awareness of and access to national screening programmes.
- Roll out of Rapid Diagnostic Centres across the country so patients displaying symptoms of cancer can be assessed and diagnosed in as little as a day.
- Further information needed to understand the Rapid Diagnostic Centre model and how it can help us to address our capacity and demand issues.
- Introduce a new faster diagnosis standard which will ensure that patients receive a definitive diagnosis or ruling out cancer within 28 days.
- Continued transformation of lung, prostate, colorectal and breast cancer pathways, inclusion of upper gastrointestinal cancer pathway for 2019/20 will support delivery of 28-day standard.
- Deliver personalised cancer care for all, giving patients more say over the care they receive.
- Patient/carer representatives on decision making and project groups.

- Continued work building on the breast cancer pathway to extend personalised follow up for prostate and colorectal cancer patients.
- Secure our place at the cutting edge of research, offering genomic testing to all cancer patients who would benefit, and speeding up the adoption of new effective tests and treatments.
- Form stronger links with NNUH genomic hub and review of impact on future cancer pathways.
- Building relationships with EAHSN to support early adoption of innovation in cancer care.

Key Deliverables:

- Consolidation of transformation work for lung, prostate and colorectal pathways
- Further development of the vague symptoms approach in light of national pilot evaluations
- Colorectal and prostate cancer personalised follow up
- Review of upper GI pathway and implementation of optimal pathway
- Community cancer nursing pilots
- Continued work to enhance uptake of cancer screening programmes
- Evaluation of FIT implementation in Primary Care

G. Children and young people:

During 2019/20 the Children and Young People work stream will focus principally on the transformation of mental health services (CYPMH). This is in line with the priority area outlined in the 10 Year Plan, and builds on the system-wide review completed in 2019.

This work is organised into four main areas:

New service model: designing a new clinical and operating model that integrates tier 2 and tier 3 services, with a simpler, single point of access.
New governance and capacity: establishing new whole system governance and decision making for CYPMH that clearly locates accountability in a single forum; and recruiting to a cross system team with the capacity and capability to lead and transform services.
Enablers: build a range of tools and supporting material that will aid the transformation of CYPMH, including a demand and capacity model, cross system approach to workforce planning and a model for gathering and acting on insight from CYP and stakeholders.
Integrated vision: develop a single long term vision that sets out how we will integrate services for children and young people.

Key Deliverables

Specific deliverables during the year will include:

- Agreement by all partners to a cross system long term vision for the integration of services for children and young people.
- A revised service specification and operating model for CYPMH, guided by an outcomes-based approach and an agreed approach to delivery.
- A clear financial baseline and future investment profile (in line with the commitments set out in the 10YP).
- Establishment of revised STP wide governance arrangements for CYPMH.
- Production of enabling tools such as a single workforce plan, a clear approach to insight, a system wide approach to the third sector and a demand and capacity modelling tool.

H. Digital

Our Digital transformation is a fundamental part of our plans for the future, with a vast range of priorities, including but not limited to, the following deliverables:

- To establish a Digital Strategy for the STP.
- To develop and approve the Outline Business Case for a new Electronic Patient Record across the three acute hospitals, and ensure the preferred solution enables integration to other provider systems.
- To establish Business Intelligence as a system-wide shared function across the STP.
- To strengthen our cyber security arrangements and meet national standards
- To establish a senior strategic STP team to progress our digital transformation across all sectors of the system.
- To develop our learning networks to build a digitally ready workforce
- To review and strengthen the governance of the Digital workstream.

Activity assumptions

The activity plans have all been built on a joint provider and commissioner understanding of baselines and growth percentages; with overlays being agreed for known developments, activity changes and QIPP plans.

Growth assumptions used to develop the 2019/20 plans have been taken from the Boston Consultancy Group system-wide demand and capacity review:

Output growth rates

	Source	Growth rate (%)
Elective spells	QEH	2.3
	JPUH	2.3
	NNUH	2.3
Emergency spells	QEH	4.4
	JPUH	8.1
	NNUH	3.6
Day cases	QEH	2.3
	JPUH	2.3
	NNUH	2.3
OP attendances	QEH	2.3
	JPUH	2.3
	NNUH	2.3
A&E attendances	QEH	5.7
	JPUH	4.9
	NNUH	5.9

There are plans to mitigate this growth in our health system through demand management projects, including RightCare programmes, and providing more robust delivery through the changes supported by the Acute Services Integration work across the acute providers. The system will also continue to take forward the work undertaken through the winter planning initiatives to ensure they are built into business as usual where there has been demonstrated benefit.

The system will monitor and challenge delivery of the plans through the STP Executive meeting structure as outlined in the ‘Working Together’ section above.

Capacity planning

Winter planning

Prior to the establishment of the new Norfolk and Waveney A&E Delivery Board (AEDB) and in previous years, three separate winter plans were produced in Norfolk and Waveney. These covered the West, Central and East Norfolk sub-systems and predominantly focused on the local services linked to each of the three main acute hospitals, namely the Queen Elizabeth Hospital in Kings Lynn, the Norfolk and Norwich University Hospital and the James Paget University Hospital in Gorleston.

For 2018/19 the STP introduced new governance arrangements for urgent and emergency care, with the aspiration to deliver a combined plan covering the whole of Norfolk and Waveney. A great deal of collaborative work has already been undertaken and the majority of Norfolk and Waveney providers submitted the necessary detail in order to complete this exercise.

As part of the winter planning process in the Central Norfolk sub-system, an acute and community demand and capacity review was conducted. This was facilitated by NHSI using modelling tools developed by the national team. Outputs from the work informed winter bids for funding to try to ensure that the system capacity met anticipated levels of demand. We expect to model this work across Norfolk and Waveney into 2019/20 and continue with the new governance arrangements.

In addition the STP established the role of the Winter Room Director and Winter Room arrangements in every acute organisation which have improved system co-ordination and oversight, as well as ensuring patients are seen quickly and efficiently with no detriment to the quality of their care. This dedicated resource will continue for 2019/20.

Strategic review of demand and capacity

The Boston Consulting Group review of demand and capacity concluded that the STP has key challenges, being:

i. A growing and ageing population
ii. Primary care working to capacity, with a shrinking GP workforce;
iii. Acute inpatient bed capacity cannot meet demand;
iv. Community services cannot meet demand from acute hospitals;
v. Social care DToCs are high and there is a lack of home care capacity;
vi. The system has significant financial challenges.

The review highlighted that:

i. Demand and capacity is mismatched and could result in a 500 bed deficit by 2023 in a ‘do nothing’ scenario.
ii. Current system issues cannot be addressed by any single provider. Collective interventions across the system could create a sustainable position.
iii. Even given the potential solutions within the review it is estimated that there will be a shortfall of 140 beds so further capacity / new models of care will be required.

Whilst much work has been done in recent years to address the capacity shortfalls this has largely been fire-fighting with little strategic thinking on how we can address the issues in the longer term across the whole system. The Demand and Capacity

workstream will establish a short, medium and long term plan with a significant part of its work to focus on the longer term strategy. The links to the other work streams will mean that those work streams may undertake actions in relation to demand and capacity and report back to the Demand and Capacity programme as appropriate. The workstream will consider all the recommendations within the BCG review and respond to each. The plans will build upon the new models of care that are currently being planned.

In addition we have agreed principles for contractual arrangements which support the financial position with regards to activity. There will be a joint approach to activity to ensure that:

- There is no disincentive to reduce or change activity flows. There is a strong incentive for all to minimise cost for the system, not just individual organisations.
- No partner organisation can benefit at the expense of another. The impact on individual organisations is managed so as to not jeopardise delivery of organisational plans.
- Financial flow is not a barrier to innovation across organisational boundaries.
- Schemes deliver a real cost saving or productivity improvement/efficiency/quality gain to the STP.

If cost exceeds, or is forecast to exceed, the organisation's financial plan over and above the contract then action will be agreed by all partners.

This will include:

- Alternative ways of managing or reducing future activity.
- Reimbursement to the organisation(s) incurring extra costs, at cost.

Workforce

What are our challenges?

The Local Workforce Action Board which includes representatives from providers across health, social care and Health Education England, completed a diagnostic in late 2017 which highlighted the following workforce challenges:

- Social care is facing recruitment problems, especially in domiciliary care where 12% of posts are vacant and there is a shortfall of registered nurses (6% across social care/care homes).

- General practices have difficulties recruiting GPs due to high retirements and low local training fill rates, especially in West Norfolk and Great Yarmouth & Waveney. Current GP vacancy levels are around 10%.

- NHS vacancies are increasing – currently 8.9%, including over 500 nursing and 200 medical posts. Health sectors of Mental Health & Community and the locality of Great Yarmouth & Waveney are particularly affected. Current top 3 vacancy hotspots: A&E Doctors (23%), Acute Medicine Doctors (20%) and Diagnostic Radiographers (18%). Also, there is a shortage of nurses qualified in a speciality, e.g. neonatal nurses and district nurses.

- Nursing and medical workforce supply shortages are predicted to continue over the next 5 years based on current service and supply models. Forecast supply gaps for year 2021, especially Psychiatric Nurses (27%) and Medical Doctors: Paediatric Surgery (48%), Acute Internal Medicine (35%), Child & Adolescent Psychiatry (31%) and Dermatology (28%). Forecast over-supply of Psychologists, Midwives and Paediatrics Medical Consultants.

- Ageing workforce – imminent retirements and loss of experienced staff and clinical leadership as staff retire with no clear succession planning. Nearly a quarter of carers and 17% of adult nurses are due to retire in the next 5 years based on a retirement age of 60 years. The actual figure might be even higher due to early retirements, especially for nurses and midwives with a special class status (e.g. up to 35% for midwives).

- Medical retirement hotspots over the same time period: Psychiatry (30%), Obstetrics & Gynaecology (27%) and Medicine (19%) Consultants and GPs (23%).

- Retention/avoidable losses (non-medical) – In 2016/17, 9% of NHS staff leavers left for a better work-life balance, 7% for promotion elsewhere and 2.5% cited lack of opportunities. Work-life balance is a particular issue for clinical support staff (11% left for this reason). Social care turnover is particularly high (28%), especially domiciliary care worker (46%). 19% of paid carers leave social care with no job to go to.

- Over-reliance on international recruitment and agencies to fill supply gaps. We need to look at alternative solutions due to Brexit and caps on migration and agency spend.

- Shrinking pool of potential young employees with different expectations ("Generation Z"). The number of 15-24 year olds is predicted to reduce by -4% over 5 years, whilst the total population is expected to grow by + 3%. A more targeted approach is needed to attract young people to health and social care rather than other sectors and to make best use of the opportunities of the apprenticeship levy.

- Need to use the workforce more effectively to deliver savings, review skill-mix to bridge supply gaps and clarify future service delivery models and join up plans across health and social care to determine longer term workforce demands. NHS operating plans forecast -5% reductions in posts over next 5 years to meet financial challenge (above Midlands & East average of -3%), whilst the population is expected to grow by 3%.
- Fragmented approach to workforce development across health and social care. Need to join up conversations around apprenticeships across the system.

What action will be taken across the system this year to address and manage the identified gaps?

Four ambitions have been set out by the Local Workforce Action Board (LWAB) and are summarised below:

Ambition 1 (New roles and new ways of working): Immediate focus on implementing 3 key roles to create opportunities to 'grow our own' workforce for both school leavers/mature entrants with low educational attainment to take up apprenticeship pathways, and for staff who have degree level attainment wishing to advance their careers.

Trainee Nursing Associates (TNA) – This new role sits between a healthcare assistant and a registered nurse. It will help to bridge the gap in registered nurses as a stand-alone accountable role in its own right. This role will be implemented across health, social care and primary care therefore enabling existing registrants to advance their practice towards an ACP. Once qualified the Nursing Associates will create a pipeline into nursing careers for those NA's who want to progress to become a first level registered practitioner. The N&W TNA Partnership is recognised by HEE as an exemplar.

Actions in place –

- Programme developed, HEI's procured in 2018 including access to Levy for non-levy paying organisations (e.g. care homes)
- 55 TNA's started in September 18
- 45 TNA started in November 18
- 62 TNA's started in February 19
- 2 year growth plan in development

Advanced Care Practitioners (ACP) – Implementation of this role enables a system wide approach to Advanced Clinical Practice; identifying how we can

enhance capacity and capability within multi-professional teams to improve clinical continuity, provide more patient-focused care, enhance the multi-professional team and help to provide safe, accessible and high quality care for patients. This role enables practitioners to work at the top of their licence in-between a clinical specialist and a medical practitioner.

Actions in place –

- A baseline assessment of ACP capacity across N&W (including nursing, pharmacy, paramedics and occupational therapy) is underway. Alignment to the national definition and framework for Advanced Clinical Practice and the requirements for entry clear.
- Clarity about the role, focussing on the four strategic pillars; clinical practice, leadership and management, education and research
- Development of a STP wide recommendation for joint educational commissioning in 19/20
- Development of a growth plan for the future of ACPs within the STP – 56 ACP courses approved with an investment of £130k

Physicians Associates (PA) – Expand numbers of PAs across Acute Trusts and Primary Care.

Actions in place –

- Expand commissions with HEIs and offer robust practice placements across Acute/Community
- Completion of FAQ sheet for prospective employers and PAs shared with local Trust and GP leads and PAs in training
- Discussions with QEHKL and JPUH regarding their participation in the programme
- Discussion with 3 Practices with regards to employing a PA under the Internship
- Confirmation of support from JPUH
- Identification of funding via HEE to support PA Preceptorships for Practices employing PAs but not under the Internship Programme

Ambition 2 (Leadership): We will develop a new culture of continuous improvement which facilitates the shift in staff behaviours from organisation focus to working differently as “one” service and encourages the sharing and development of talent across the system to improve the local population’s health and social care experience.

Actions in place –

- Developing a cultural baseline to measure improvement
- Design and delivery of a digital platform to engage staff across the STP to create the culture for a successful ICS
- Extensive leadership development offer for Strategic & Cross Cutting workstreams in place
- OD Leads Network in place (to include Change agents)
- Deliver multiagency QI training programmes

Ambition 3 (Up-skilling): We will explore options to improve the development of the workforce and students on placements and expand future supply pipelines to address workforce supply shortages across the local health and social care system.

Actions in place –

- Develop further apprenticeship levy options to develop both new and existing staff. This will be marketed heavily across schools and colleges this year with examples of successes in 2018
- Increase numbers of independent prescribers, more investment in LBR made to support this
- Roll out health coaching training across STP organisations
- Recruit a project manager to develop further our STP practice placement areas to support all pre/post registration and apprenticeship pathways

Ambition 4 (Supply and retention): We will make Norfolk & Waveney STP an employer of choice by working together locally and with relevant regional and national public bodies to create attractive local employment offers, support staff mobility and improve recruitment, retention and succession planning across the system.

Actions in place –

- GP FYFV Plan with clear recruitment targets and retention schemes in place
- GPN Workforce Plan currently being developed
- Improved Access to Psychological Therapy (IAPT) outreach to primary care and an expansion programme being developed as part of the mental health strategy implementation plan.
- Workforce Winter Resilience Plan and Winter Charter presented to A&E Delivery Board in September. Learning from this will be reflected in 19/20 plan
- System focus on staff rostering, early escalation and resilience of workforce
- Development of shared bank or other solution being worked through with HRDs
- Partnership working with other STPs in the East of England to address agency and locum caps collectively
- Pilots for joint roles/rotations in place, e.g. Advanced Nurse Practitioners across primary care/community and rotations for paramedics in community/primary care in development

System financial position and risk management

Context

The Norfolk & Waveney STP has a combined NHS income of almost **£1.6bn.**

For 2018-19 the NHS Health Care System **is forecast to overspend** by c.£95m.

Moving into 2019-20 the system will work to **deliver an aggregate control total deficit of £16.3m.** All control totals have been accepted and this means that a total of £70m will be received by the system as part of provider and commissioner support funding.

Organisation Name	Allocations	Income	Plan Surplus / (deficit) (inc. PSF/FRF/MRET)
	2019/19 Plan		2019/20 Plan
NHS Great Yarmouth and Waveney CCG	389,629		2,180
NHS North Norfolk CCG	279,404		0
NHS Norwich CCG	316,262		0
NHS South Norfolk CCG	316,651		2,120
NHS West Norfolk CCG	292,674		1,040
James Paget University Hospitals NHS Foundation Trust		207,235	1,559
Norfolk and Norwich University Hospitals NHS Foundation Trust		643,043	(20,691)
Norfolk and Suffolk NHS Foundation Trust		170,277	-
Norfolk Community Health and Care NHS Trust		118,910	-
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust		219,406	(2,587)
Total	**1,594,620**		**(16,379)**
CCG Total			**5,340**
Provider Total			**(21,719)**

There have been no requests for net neutral changes to control totals. The financial plans for 2019/20 are as follows:

Organisation	Surplus/ (deficit) £'000	PSF/CSF/ FRF/ MRET £'000	Net surplus/ (deficit) £'000
Gt Yarmouth & Waveney CCG	2,180	0	2,180
North Norfolk CCG	0	0	0
Norwich CCG	0	0	0
South Norfolk CCG	2,120	0	2,120
West Norfolk CCG	1,040	0	1,040
James Paget University Hospital NHSFT	(6,381)	7,940	1,559
Norfolk & Norwich University Hospitals NHSFT	(54,340)	33,649	(20,691)
Norfolk & Suffolk NHSFT	(2,300)	2,300	0
Norwich Community Health & Care NHST	(2,775)	2,775	0
Queen Elizabeth Hospital Kings Lynn NHSFT	(25,889)	23,302	(2,587)
TOTAL	**(86,345)**	**69,966**	**(16,379)**

To support the delivery of the financial control totals, a financial risk reserve has been established to help fund significant pressures across the system. In order to accept its

financial control total, the Queen Elizabeth Hospital, Kings Lynn, requested support funding for one year of £6m. This has been agreed and supported through the risk reserve. In addition, the risk to delivery of QIPPs for non-elective activity for the central Norfolk CCGs has led to a realignment of the plans and £5.4m provided to support the CCGs contract with the Norfolk and Norwich University Hospital.

Key risks

In order to deliver the required control totals across the system there are a number of key risks. In order to mitigate the risks faced by the system the STP has organised itself around key workstreams in order to harness the power of all partners across the system in designing solutions to the challenges. The significant risks are:

Key risks to delivery of the 2019/20 system control total		
Risk	Mitigation	Severity/ Likelihood
That we are unable to recruit to workforce vacancies, particularly in nursing and medical roles and that agency and locums are required to fill vacancies.	• Work with Health Education England and the Deaneries to identify placements and support programmes for workforce development. • Apprenticeships • Nurse practitioners • Review how we use new ways of working for traditional doctor roles	**M**
Non-elective demand pressures impact on system sustainability, discharge and quality of patient care	• Implement & continuously monitor all demand management initiatives, including comparison with successful initiatives elsewhere • Ensure DToC are minimised • Ensure outlier length of stay in acute hospitals is addressed • Maximise use of community & third sector facilities	**H**
The cost of addressing the numbers of patients waiting for elective care is not affordable within current resources	• Implement the outcomes of the Demand & Capacity Review • Ensure elective capacity is maximised across the Norfolk & Waveney system • Maximise opportunities for out of hospital care	**H**
There is no capital funding available to develop solutions for capacity constraints	• National funding for STP bids is approved	**H**
CIP & QIPP opportunities are not achieved	• Establish a CIP/QIPP Board across the STP to oversee the delivery of all plans and to ensure all opportunities identified from elsewhere are considered and implemented	**M**

Mitigating Actions

The following mitigations are in place to deal with financial risks:

- Contingencies
  CCG plans include a 0.5% contingency (c. £8m), and provider plans include c. £8m across Norfolk & Waveney.

- CFO Meetings
  Monthly meetings of CFOs have been established through to April to ensure a high degree of focus on delivering the control totals and providing appropriate support and challenge to organisations to go further than their organisational needs. This includes use of any reserves and review of existing spend and the priorities across the system.

- Joint Commissioner Programme Board Meetings
  The CCG finance and PMO leads under the chairmanship of the West Norfolk CCG CFO to ensure co-ordination and coherence of CCG QIPP plans across the system to challenge and maximise available QIPP opportunities across Norfolk & Waveney.

- STP-wide CIP/QIPP Board
  A CIP/QIPP Programme Board has been established, chaired by the interim Chief Operating Officer to monitor progress against the organisational efficiency plans and the system-wide initiatives. The Programme Board will facilitate challenge and further opportunities for efficiency, looking beyond 2019/20.

Financial Risk Management

In order to support the delivery of a system control total the system will work collaboratively to manage pressures across the system, ensuring that remedial actions are identified that deliver system savings and efficiencies, not just moving pressures between organisations. These risks will be monitored monthly by the STP Finance & Activity Group where Chief Finance Officers of all NHS and local authority partners are in attendance.

The system will move away from a reliance on PbR to manage its acute contracts across Norfolk & Waveney. This will begin to deliver improved goal congruence between provider contracts across the system, incentivising providers to redeploy resources into the areas that deliver the greatest benefit to our population without the burden of chasing activity based payments. This change will also enable finance and contracting teams across the system to review their roles. The system will look to redeploy resources from a historical contract management to a value added financial and performance focus in order to deliver shared system savings and efficiencies. PbR will continue to be used in order to identify locality based pressures within the system to inform management responses.

Efficiencies

In order to meet the 2019-20 system control total, efficiencies totalling £113.2m are required. Saving and efficiency plans across the system are made up of a combination of 'business as usual' locally developed and delivered schemes supplemented by system wide transformation. As the schemes continue to mature the focus of the system will move towards overarching system wide change. Efficiency plans have been developed utilising national benchmarking tools including NHS RightCare, Getting it Right First Time, Model Hospital, etc.

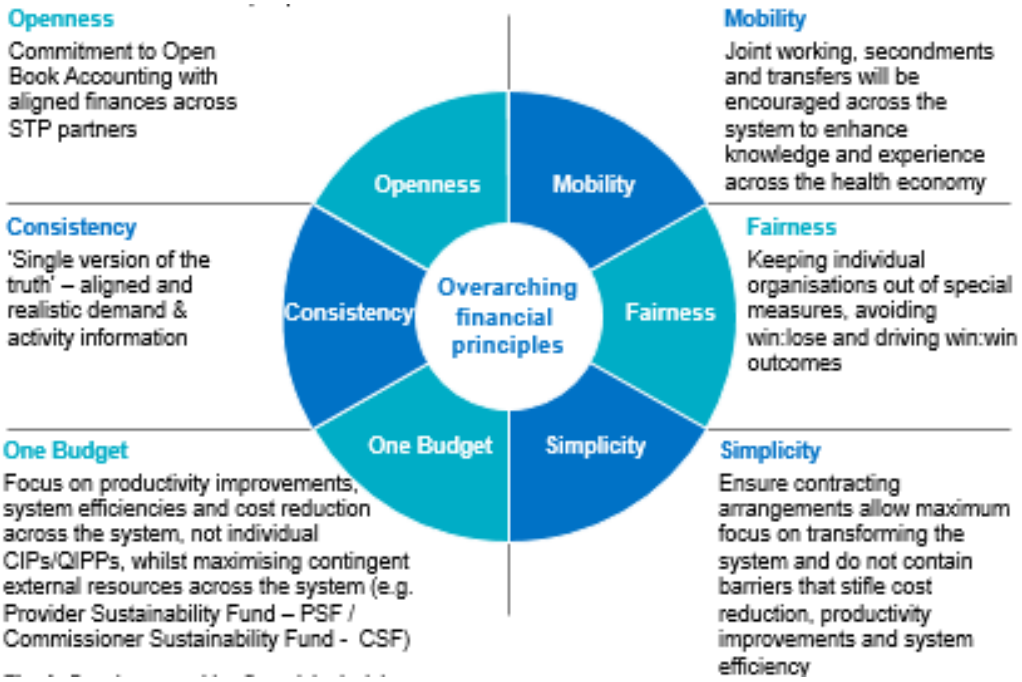
Organisation Name	Recurrent Efficiencies	Non-Recurrent Efficiencies	Total Efficiencies	Denominator For Percentage	Efficiencies %
	2019/20 Plan	2019/20 Plan	2019/20 Plan	2019/20 Plan	2019/20 Plan
NHS Great Yarmouth and Waveney CCG	12,236	3,300	15,536	389,629	3.99%
NHS North Norfolk CCG	8,600	-	8,600	279,404	3.08%
NHS Norwich CCG	9,500	-	9,500	316,262	3.00%
NHS South Norfolk CCG	14,825	-	14,825	316,651	4.68%
NHS West Norfolk CCG	11,961	-	11,961	292,674	4.09%
James Paget University Hospitals NHS Foundation Trust	4,099	4,899	8,998	207,235	4.34%
Norfolk and Norwich University Hospitals NHS Foundation Trust	22,146	4,454	26,600	643,043	4.14%
Norfolk and Suffolk NHS Foundation Trust	4,946	2,027	6,973	170,277	4.10%
Norfolk Community Health and Care NHS Trust	1,200	3,000	4,200	118,910	3.53%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	6,000	15	6,015	219,406	2.74%
Total	**95,512**	**17,695**	**113,208**		
CCG Total Efficiencies	57,122	3,300	60,422	1,594,619	3.79%
Provider Total Efficiencies	38,391	14,395	52,786	1,358,871	3.88%

The key system-wide efficiencies across Norfolk & Waveney are in the areas of;

- Demand management
- Reduction in premium pay spend
- Collaborative procurement
- High costs drugs
- GP prescribing
- Continuing health care
- Back office running costs

The STP is ensuring co-ordination and coherence across the system through the establishment of a Finance & Activity Group made up of CFOs from partner organisations to act as a system-wide CIP/QIPP board to review, challenge and align schemes developed from joint provider and commissioner boards at a local level. This work is supplemented by the STP workstreams looking at strategic developments across the system, such that there is both a top down and bottom up approach to schemes, and strong alignment with the STP's long-term transformational priorities.

The STP has developed a set of financial principles in a system Memorandum of Understanding;



These agreed principles will ensure that partner organisations from across health and care work collaboratively to deliver the efficiencies set out in the plan.

Quality Impact Assessments

All CIPs from provider organisations are subject to medical director and chief nurse approval, in line with National Quality Board guidance. CIP plans are also subject to commissioner review and agreement. QIPPs from commissioners are subject to clinical review. The clinical approval of savings schemes ensure that no scheme is implemented that is detrimental to patients and ensures the high quality of care is maintained.