



The Norfolk and Waveney Health and Care Partnership

Norfolk and Waveney STP Oversight Group

June 2018 update

Sustainability and Transformation Partnerships, or STPs, have been set up across England to help make our health and care services fit for the future. Our STP is a partnership of health and care organisations from across Norfolk and Waveney, working together to improve the care you receive.

Over the past year, I've had the great privilege of working with many talented and dedicated health and care professionals as we look for new ways to support people to take more responsibility for their own health, and to provide even better health and care services. I've also enjoyed getting out and about talking with local people and voluntary, community and social enterprise organisations, all of whom are vital partners in getting this right.

At our recent public engagement event in Lowestoft, I was asked how we could make the STP more open and transparent. I talked to my colleagues on the Oversight Group - made up of the chairs of the five Clinical Commissioning Groups (CCGs), three acute hospital trusts, local community health organisations and Norfolk and Suffolk county councillors - and we agreed we would publish an update after each meeting.

This first update explains what we have discussed at our last two meetings. Please let me know if you find it useful and whether you would like more (or less!) detail on particular issues. Patricia

Rt Hon Patricia Hewitt

Independent Chair of the Norfolk and Waveney STP

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STP Chairs Oversight Group, May 2018

Norfolk and Waveney Digital Strategy - using technology to improve health and care

At our meeting in May, we heard from our new Chief Information Officer, Anthony Lundrigan, who works for both the STP and the Norfolk and Norwich University Hospital (NNUH), and Shawn Haney, who's leading on Electronic Patient Records for the five CCGs. They and colleagues working on digital systems across our area are now developing a digital strategy for Norfolk and Waveney's health and care system.

People sometimes assume that all the IT systems already speak to each other in the NHS and local councils. Sadly that's not the case. Most hospitals run anything up to 100 different IT systems, many of which don't talk to each other - let alone to the different systems used in GP practices and social care teams. And lots of vital information about patients is still kept on paper. We want to use technology to make sure:

- You don't have to repeat your story over and over again
- Your GP, community nurse, social worker, ambulance paramedic or hospital staff all know what everyone else is doing to look after you, so that they don't waste time collecting information or risk prescribing medicines that don't go with other medicines you're already taking
- You (or someone else on your behalf) can look at your own records and put in details of your condition and how you prefer to be treated
- You can monitor your own condition at home, using simple automatic kits that can alert your doctor or community nurse if there's a problem
- You get the care you need, it's good quality care, and it's cost effective
- We can measure health outcomes, to see if the treatment you received worked

One of our top priorities is developing a single care record for all health and social care organisations in Norfolk and Waveney to use. We will be working with patients, carers, staff, clinicians, GPs and the voluntary and community sector to develop one vision and a clear plan for how this will work. That includes making sure that your personal record is kept absolutely safe and secure, that health and care staff can only access it in when they really need to and that you decide whether or not your information should be shared.

The Oversight Group has also been briefed on an exciting development based in Norfolk - the Eclipse system, invented by a local GP, Dr Julian Brown. Eclipse, which is already available to GP surgeries all over the country, analyses information from GP records. It can be used by GPs to identify patients that might need different treatment.

For example GPs could use it to identify patients that they haven't seen for a while but who have visited A&E on a few occasions because of an ongoing long-term condition, like breathing problems. The GP could then invite them to an appointment to talk about how they are managing their condition and whether they need to change their treatment. This is better for the patient, as they get the support they need from their local GP surgery and don't have to go to hospital in an emergency, and it reduces pressure on A&E.

Improving hospital services

The Oversight Group also discussed the work that the James Paget University Hospital, the Norfolk and Norwich University Hospital (NNUH) and the Queen Elizabeth Hospital have been doing to improve cardiology, radiology, urology and ENT (ear, nose and throat) services. Like hospitals all over the country, our hospitals are struggling to get enough staff in these three specialities and demand for these services is rising. It is clear that the three hospitals need to work more closely together to make the services sustainable.

Following discussions with hospital staff, patients and each hospital's own board, we are proposing to create a single clinical team across Norfolk for each of these services. These teams will share expertise and provide the same high quality of care to all patients. The NNUH would act as the 'centre', providing specialist treatment and care for patients from across Norfolk and Waveney, as well as non-specialist treatment for people who live in Norwich and North and South Norfolk. The James Paget University Hospital and the Queen Elizabeth Hospital would undertake non-specialist work for people living in West Norfolk, Great Yarmouth and Waveney.

The aim is to ensure that people are treated as close to home as possible. For patients living in West Norfolk or Great Yarmouth and Waveney, that means routine consultations and treatment at their local hospital and, we hope, fewer referrals to NNUH (unless those are needed for specialist care.)

Norfolk and Waveney has also been selected as one of the pilots for a national NHS programme on interventional radiology. On cardiology, NNUH and the James Paget will develop a detailed plan for the new approach, while the Queen Elizabeth Hospital also needs to consider the close working relationship it has with Papworth. More detailed engagement will now be held with GPs, CCGs and others before any changes are made.

More detail is included in the [report](#) to the May meeting of the Norfolk Health and Wellbeing Board.

Joint STP Chairs Oversight Group and STP Executive meeting, June 2018

Our Estates Strategy – using our land and buildings to improve health and care

Health and care services are run from a wide range of buildings right across Norfolk and Waveney - County Council and District Council centres as well as GP surgeries, local health centres and community facilities as well as the three acute hospitals. As an STP we've been looking at whether we have the right buildings, in the right places, to provide more integrated care, nearer to where people live. It's also vital to make the most efficient use of all our resources (unfortunately, some of our buildings are currently under-occupied) and reduce the backlog of maintenance.

Our Estates Strategy will also be used to support bids for NHS capital funding; in future, all these will go through the STP.

Jon Green, Chief Executive of the Queen Elizabeth Hospital NHS Foundation Trust, provided an update on the development of our Estates Strategy. The first priority is to

decide which capital bids will go forward to NHS England in July (the deadline for the next bidding round). Over the next twelve months, we will be considering where to co-locate services together with general practice. In 19 different places across Norfolk and Waveney we want social workers, physiotherapists, occupational therapists, community matrons, district nurses, community mental health workers and so on to be based together and working closely with groups of GP practices.

Because of the deadline for bids to NHS England, we will look at this issue again at our July meeting.

Developing a long-term strategy for mental health

Antek Lejk, the newly-appointed Chief Executive of the Norfolk and Suffolk NHS Foundation Trust, gave a presentation about the STP's strategic review of mental health services across Norfolk and Waveney. He stressed that this is not just about NSFT - mental health is a responsibility for everyone and needs to be integrated with physical health and other care services. The aims of the review are to:

- Provide clear recommendations for the strategic direction of mental health services in Norfolk and Waveney, including a priority to promote resilience and wellbeing and improve prevention

- Explore opportunities for improvements in quality across services, including an end to out-of-area placements
- Review patterns of demand across the county to ensure services are meeting the needs of local populations
- Consider the key outcomes of mental health services across Norfolk and Waveney, compared with other similar areas.

The review will help us to develop our ten year strategy for mental health in Norfolk and Waveney. We are working very closely with colleagues in Suffolk who are conducting a similar piece of work. We are commissioning some external support to help us with our review.

Engagement with service users and professionals from primary care, secondary care and mental health services will be critical. Our 'Breaking the Mould' event on 1 May 2018 with Alastair Campbell started this engagement and we are developing a full engagement programme for the year ahead. The review will be completed by the end of 2018 and the strategy developed by next spring.