

Wendy Thomson  
CEO @ Norfolk County Council  
Professor @ McGill University

## The Five Year Forward View for England's National Health Service



[norfolk.gov.uk](http://norfolk.gov.uk)

Norfolk Council@NorfolkCC

## Norfolk County Council – my day job

- Upper tier local authority
- Responsible for social services, education, transport, infrastructure, public health, culture, economic development, libraries and museums.
- Spends 1.6bn pounds per annum.
- 1m pounds a day on social care for adults.
- priority is to enable people to live at home, and live longer and healthier.



North Norfolk coast



Windfarm in North Sea Great Yarmouth



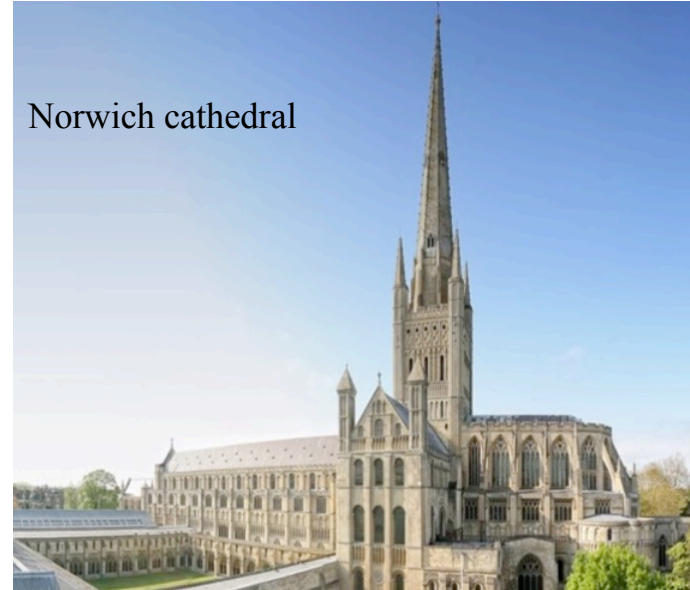
The Broads National Park



Felbrigg hall



The Forum Norwich



Norwich cathedral



Hethel engineering



UEA  
University of East Anglia

# Sustainable Transformation Plans (STP)

- A national policy initiative that are part of the delivery of the NHS **Five Year Forward View (5YFV)** - the shared vision for the future of the NHS, including **new models of sustainable care**.
- 44 **place-based STPs** across England
- 3 objectives
  - to improve the health of the population,
  - the quality of care for patients and
  - the efficiency and productivity of the NHS

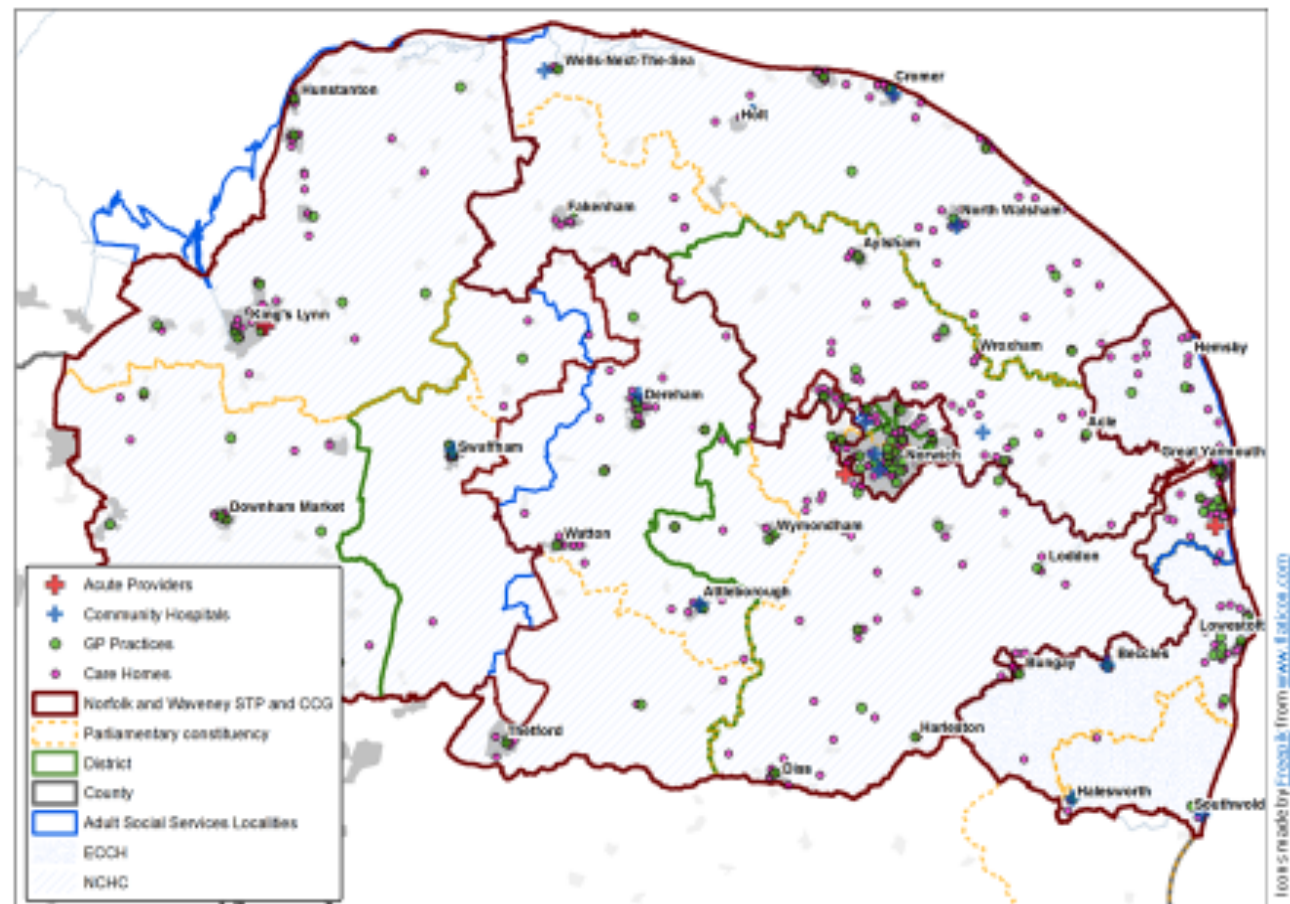


## Norfolk and Waveney System

Norfolk county, 7 Norfolk districts and Waveney, 11 parliamentary constituencies

### Norfolk and Waveney STP

-  About 1,000,000 people
- 5** CCGs
- 5** Adult Social Care Localities + Waveney
-  2 community providers
-  1 mental health trust
-  1 ambulance trust
-  3 acute hospitals, about 1,780 G&A beds
- +18 community hospitals
-  119 GP practices
-  400+ care homes, 11,000+ beds



Copyright © Experian Ltd, NAVTEQ 2016, Based on Crown Copyright material

Icons made by Freepress from www.freepress.com

## How much has changed

- In 1948, the NHS had over 450,000 beds across the UK, many for patients needing long-term care for diseases such as polio and TB
- Today, the NHS has 135,000 beds, with day surgery cases cutting the need for overnight stays in hospital

## Current Position:

- Our population is growing – 38% increase predicted in over 75's by 2025
- Increase in obesity leading to 9000 more cases of diabetes and Heart Disease by 2025
- The type of care that people need is changing- 45% of patients currently treated in hospital could be treated outside of hospital closer to home.
- We need to make our services more efficient and cost effective
- Doing nothing is not an option. If we do nothing, in five years' time we would overspend  
by £415.6 million.



If trends in obesity continue then by 2020  
we estimate that obesity will contribute to:



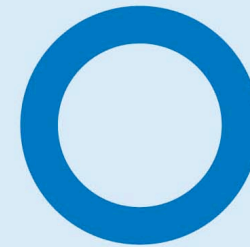
**7,100**  
more people having  
coronary heart disease



**2,100**  
more people suffering  
from a stroke



**100,000**  
more people with  
hypertension

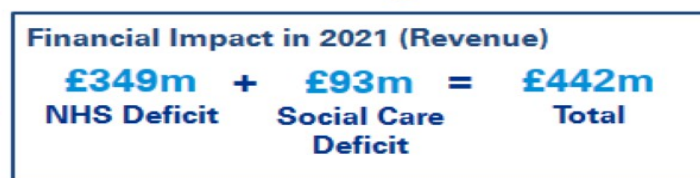
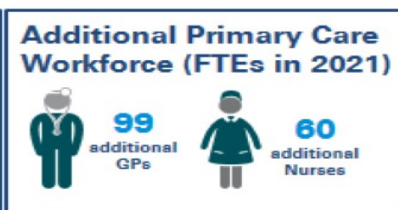
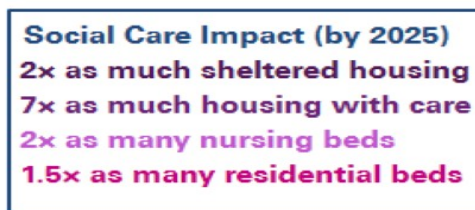
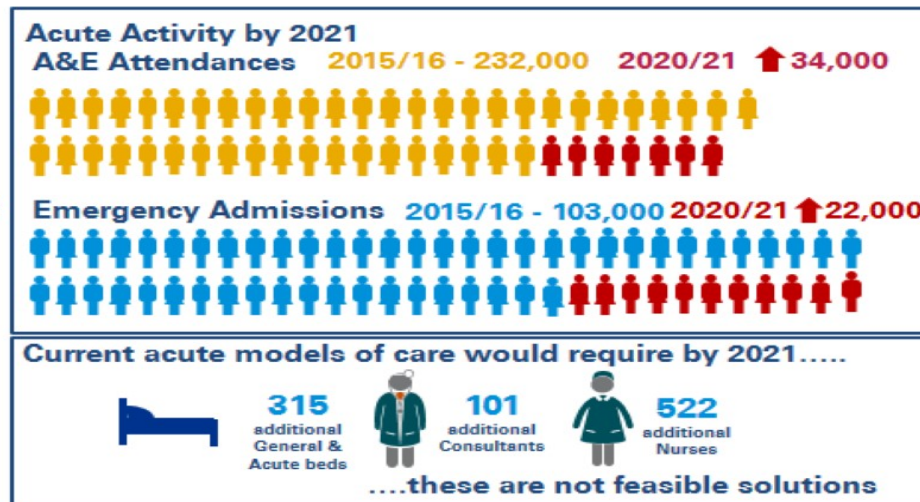
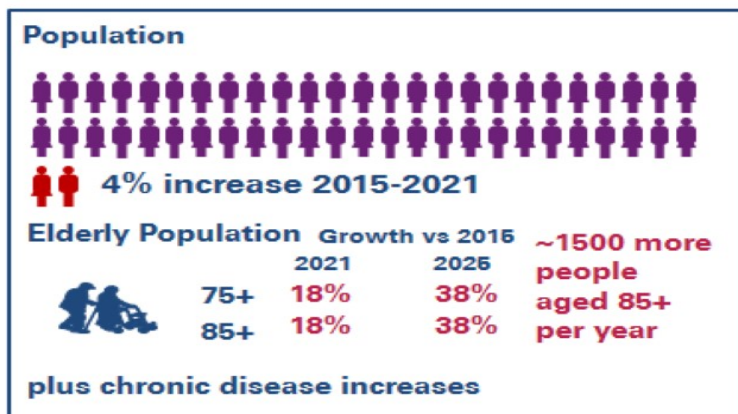


**50,000**  
more people getting  
diabetes

If this happens then obesity will cost local health  
and social services more than £100 million per  
year by 2020.

*in* good health  
Why health and social care services in  
**Norfolk and Waveney** need to change

## Case for Change – the ‘do nothing’ scenario



Key: = 20,000 = 5,000 = 2,000

# Our Priorities

- Increase access to Primary Care and General Practice (GP FYFV)
- Remove organisational Boundaries to create integrated Health and Social Care Neighbourhood Teams
- Develop Sustainable Out of Hospital Community Services
- Reduce hospital demand specifically for urgent and emergency admissions through targeted early intervention of vulnerable groups
- Improve access to Elective procedures/care (ie planned care)
- Review Acute Services and develop sustainable new models of care for ENT, Dermatology, Radiology, Cardiology and Maternity.
- Improve access to Mental Health Services

*in* good health  
Why health and social care services in  
Norfolk and Waveney need to change

## Reducing Acute Activity – Demand management



### Acute Activity Future State – the STP ambition

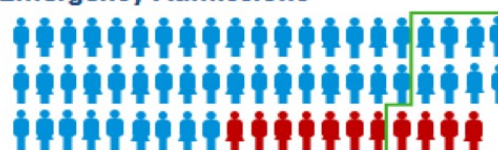
#### A&E Attendances



20% reduction in  
A&E attendances  
(55,000)

Key: = 5,000 = 2,000

#### Emergency Admissions



20% reduction in  
emergency  
admissions  
(25,000)

### Solutions

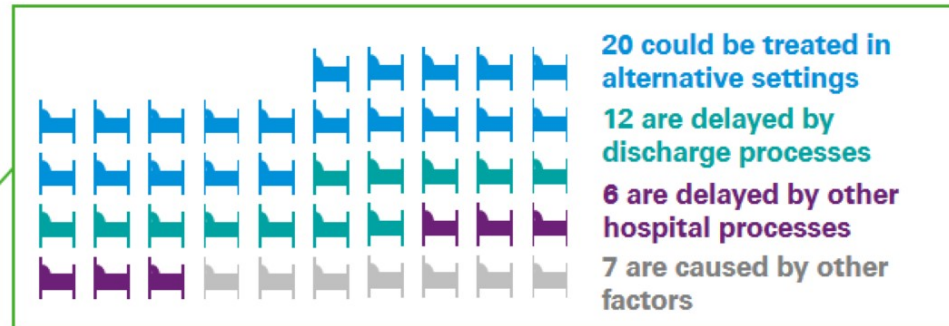
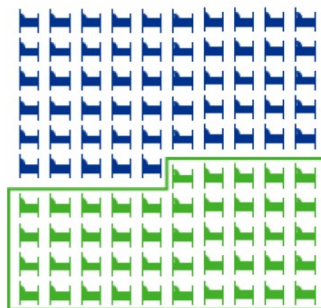
Primary, Community & Social Care	<b>Target cohort of 0-1 day LoS</b> <ul style="list-style-type: none"> <li>Residential/care home telehealth (Airedale model)</li> <li>111 with GP input</li> <li>Clinical Hub to reduce ambulance conveyance</li> </ul>	<b>Target cohort of &gt;1 day LoS</b> <ul style="list-style-type: none"> <li>Out of Hospital Teams supporting complex patients</li> </ul>
	<ul style="list-style-type: none"> <li>Other solutions e.g. Primary care structure/access (Workshop II), Out of Hospital teams (see later)</li> </ul>	
Acutes	<ul style="list-style-type: none"> <li>Solutions in development</li> </ul>	<b>Mental Health &amp; Prevention</b> <ul style="list-style-type: none"> <li>Solutions in development (Workshop II)</li> </ul>

## Reducing Acute Activity – Reducing Length of Stay



Oak Group Report found that for every 100 bed days

45 don't need to be in hospital



### STP Ambition

Reduce the number of bed days by 20% through improved community care

Reduce the number of bed days by 15% through improved discharge and hospital processes

Key targets: Those with LoS >1 day, complex and frail elderly patients



### Solutions

Integrated Out of Hospital Teams & Solutions reducing admissions

Improved internal acute processes (Keogh review)

Improved system discharge processes



© 2016 KPMG LLP, a UK limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. All rights reserved.

10

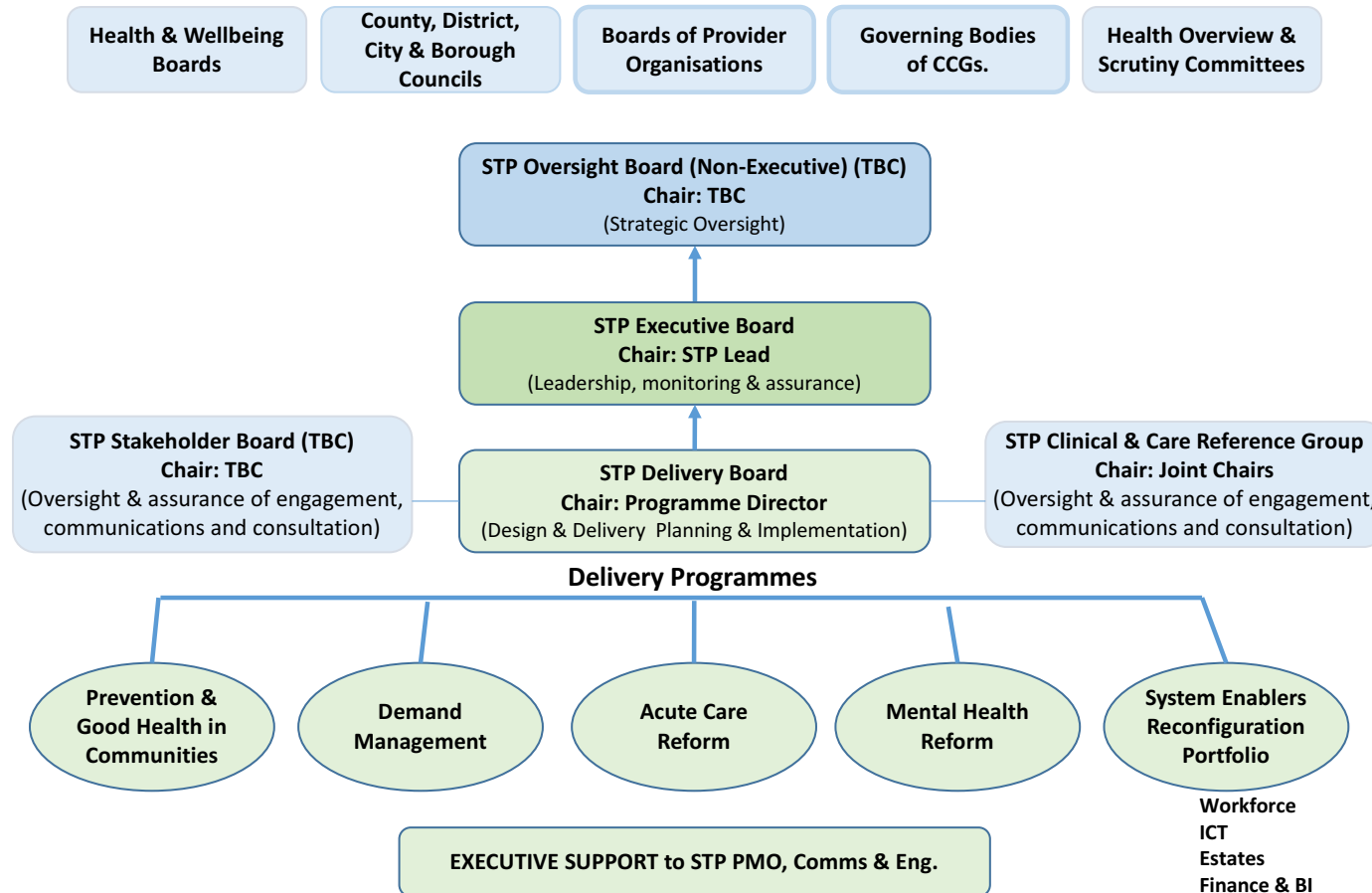
Document Classification: KPMG Confidential



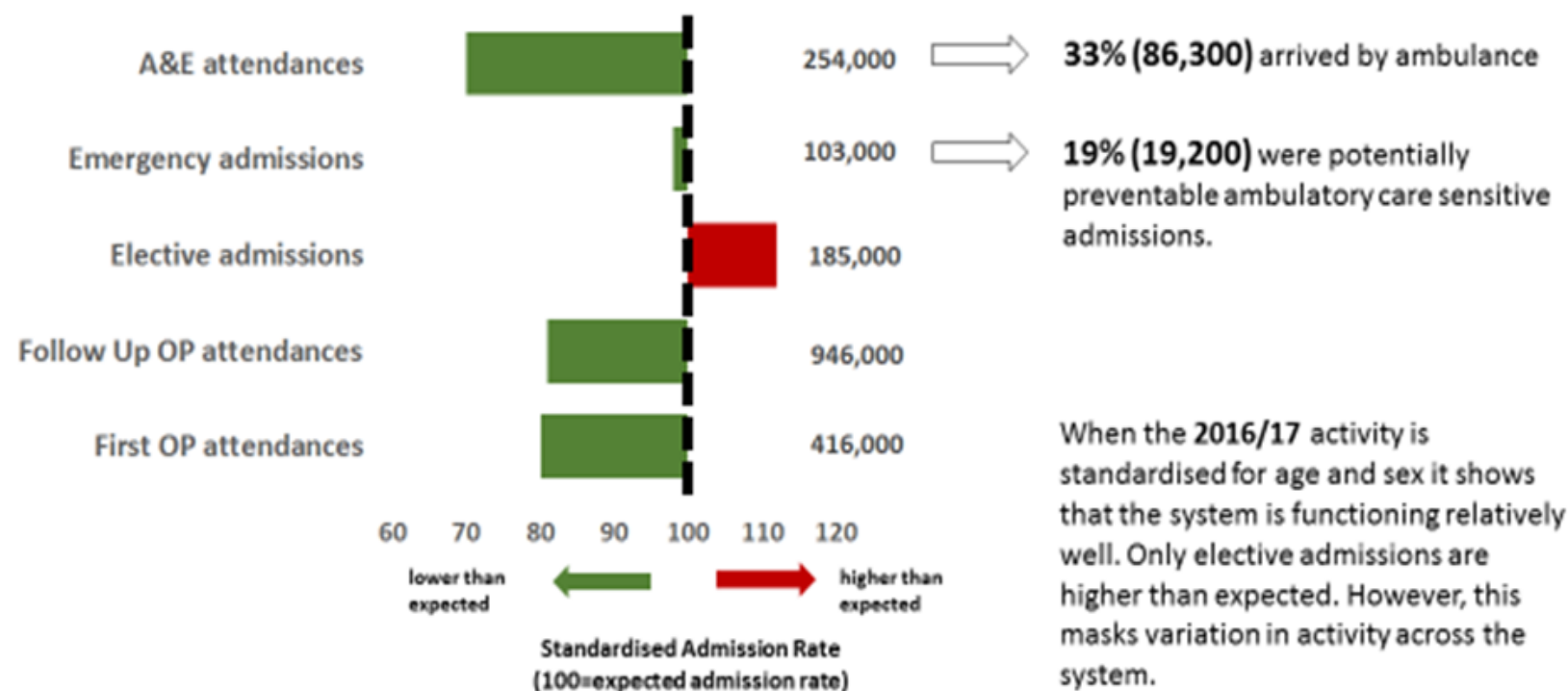
## A year on.....

- from Plans....  
to forecast a sustainable future
- to Partnerships ....  
for delivering our plans
- to accountable care systems ...  
for securing systemic transformation

# Governance and Workstreams



## Norfolk and Waveney System 2016/17 Acute Activity Summary



When the 2016/17 activity is standardised for age and sex it shows that the system is functioning relatively well. Only elective admissions are higher than expected. However, this masks variation in activity across the system.

## Impact of enhanced health in care homes



There are about **7,700** residents in care homes across the Norfolk and Waveney system.



Local data shows that in 2016 there were about **5,500** emergency admissions from care homes and the average cost was more than **£3,000**. More than **1 in 4** were for **ambulatory care sensitive conditions**.

Work by vanguard sites\* shows that care home support teams could reduce emergency admissions from care homes by **40%**.



Monthly advisory meetings with GPs by a Geriatrician



Telephone advice from a Geriatrician



End of life care



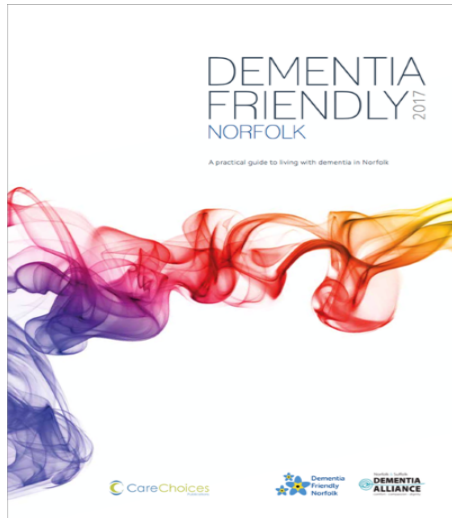
Intravenous antibiotics and fluids in nursing homes



Community Matron Service

Assuming that these interventions can be applied locally at scale then they have the potential to **reduce** the total number of emergency admissions across the Norfolk and Waveney system by more than **2,000** per year or **10%** the STP requirement.

\*Example based on King's Fund case study: [https://www.kingsfund.org.uk/sites/default/files/media/Radcliffe\\_Keefai.pdf](https://www.kingsfund.org.uk/sites/default/files/media/Radcliffe_Keefai.pdf)



## Norfolk county council

Reducing residential placements so people live at home

Re- professionalising social work, away from case management, more help and less assessing deficits.

Campaigns to make the county less lonely and dementia friendly

Social prescribing – locating care navigators in GP practices

Active Norfolk- cycling, walking, workplace health.



## In Good Company

No one should spend a lonely day in Norfolk if they don't want to.

Thousands of people in Norfolk are lonely. Loneliness can cause poor health and even lead to premature death. It can make people vulnerable to scams and fraud and increase their reliance on public services.

But we also know that alleviating loneliness can help people lead independent, happier and healthier lives, for longer.

In Good Company is a campaign to help combat loneliness in Norfolk.





## My reflections so far

- Transforming the NHS is managing change at scale with complexity
- The Five Year Forward View (5YFV) expressed the vision, the outcomes, and the resource framework.
- Visible leadership – not led by ministers
- Clinically designed and led new models of care
- Support for Vanguards to develop the new care models
- STPs are voluntary, leadership is collective and consensual, driven by imperative of the case for change.
- Involving leadership from local government, voluntary organisations and community

## A changing picture – today...

### **Most people in Norfolk and Suffolk:**

- Stay in education or training until 18
- Work for 10 major employers or small businesses
- Earn £438 a week
- Live in different groups (single parents, single older people)
- Are linked to the world by technology
- Have one car or more
- Live beyond 80 – 23% are 65 or older



## A changing picture – 40 years ago...

### Most people in Norfolk and Suffolk:

- Left school at 16
- Worked in distribution, manufacturing or agriculture
- Earned £16 a week
- Lived with or near extended family (Two married parents)
- Had telephone, TV and radio
- Started to run own car
- Had a life expectancy of 72 years
  - 16% were 65 or older

