

# *in* good health

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



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

### The challenge

The NHS and social care system is one of this country's greatest achievements and one on which we all rely at some point in our lives. However, health and social care has changed hugely since the foundation of the NHS.

In 1948 the NHS had over 450,000 beds across the UK, many providing long-term care for patients with diseases such as polio and TB that have declined dramatically in the last 60 years. People with mental illnesses and learning disabilities were treated in large institutions in conditions which we would now consider deplorable. Surgical techniques were in their infancy compared to today and often involved long stays in hospital.

The NHS now has around 135,000 beds providing overnight care across the country. Many treatments that previously required patients to be admitted to hospital are now carried out as day surgery. When admission is required, the length of stay in hospital is often much shorter.

However, our health and social care services face some big challenges. The population of Norfolk and Waveney is growing, which means there are more people to care for. More importantly, the type of care that people need is continuing to change. Advances in health care mean that people are generally living longer, some with complex and multiple long-term conditions that we could not treat in the past. Our system does not always deliver the joined-up care that people need to help them with the daily challenges they face living with multiple long-term conditions.

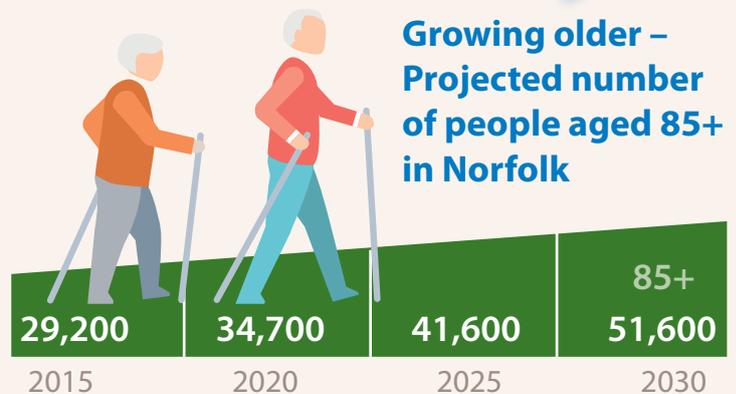
Our services are also faced with responding to illnesses associated with the more sedentary lifestyles many of us now have. The impact of smoking-related illness has fallen as fewer people smoke, but the long-term impact of obesity and the increase in disease related to this, such as diabetes, continues to grow.

Our understanding of the causes and consequences of mental illness, and of the links between mental and physical ill health is far more advanced than even 20 years ago. Too often in the past mental illness has not received the same level of priority as physical health, but this is now being addressed.

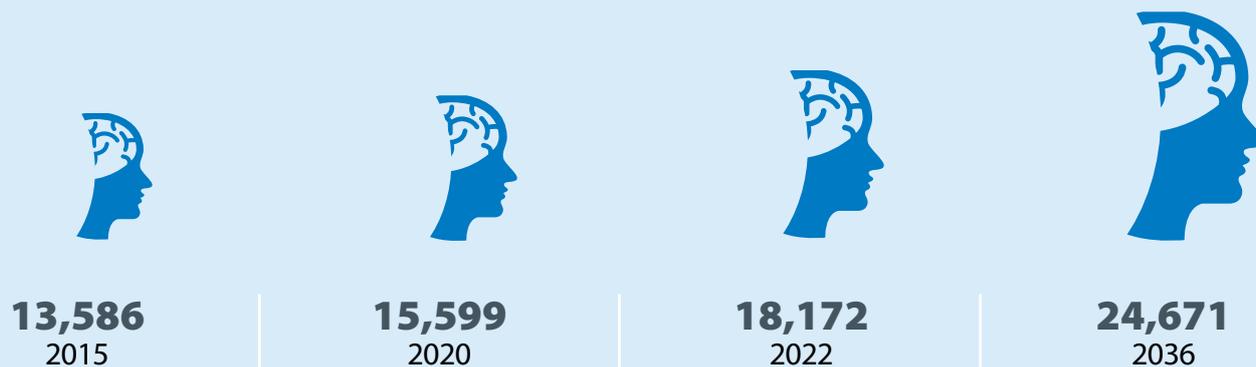
The increase in the number of people aged 85 and over is very significant. While this is a cause for celebration we know that older people need much more help from health and social care than the rest of the population. People aged 85 and over currently make up 4% of the population, but account for 16% of all emergency admissions to hospital and over 54% of the admissions to long-term residential and nursing care in Norfolk.



### Growing older – Projected number of people aged 85+ in Norfolk



## Number of people with dementia in Norfolk and Waveney\*



Source POPPI and PANSI 2009



Older people are also more likely to have dementia. The Alzheimer's Society's estimates suggest that 1.7% of people aged 65-69 have dementia, but this goes up to 18.3% for people aged 85-89, and to 41.1% for those aged 95 and over.

Our population is changing in other ways too. Children with complex and multiple long-term conditions are now far more likely to survive into adulthood as they benefit from advanced new treatments and care.

People with learning disabilities or physical disabilities are living much longer because of improvements to the medicine and care available to support their long-term conditions. Whereas once relatively few people with a learning disability would live beyond the age of 65, thankfully now around 12% of people being supported by our learning disability teams are now over 65.

There are gaps in some services, with duplication and avoidable delays in others. Many people would prefer to be cared for in their own homes rather than in hospitals or residential care. But if they do not get the right care and support, their illness will get worse and they could then need emergency care in a hospital. When long-term

conditions are managed well in the community – with people actively involved in choices around their own care – hospital admission should be the exception.

We aren't just faced with an increase in demand for our services. Norfolk and Waveney also has problems in recruiting appropriately qualified staff across health and social care services, with vacancies in a variety of jobs, from consultants to care assistants.

We are also going to lose a significant number of experienced staff who are due to reach retirement age in the next few years. Unless we change how staff are deployed and jobs are designed, it will not be possible to continue to provide the quality of service that we all believe is necessary.

We have a total budget of £1.6 billion a year for health and social care services in Norfolk and Waveney. However, we are currently spending more than that each year. If we do nothing, in five years' time we would overspend by £440 million in just one year.

\*These estimates for dementia are based on the dementia needs assessment for Norfolk 2013 [www.norfolkinsight.org.uk/jsna/mentalhealth](http://www.norfolkinsight.org.uk/jsna/mentalhealth)

If things continue as they have and our population increases as we predict it will, by 2025 every year:



**800,000**  
more appointments will be needed with GPs and nurse practitioners



**109,000**  
more people will have appointments at our hospitals for day treatment



**92,000**  
more people will go to our A&E departments



**48,000**  
more people will arrive at A&E by ambulance



**56,000**  
more people will be admitted to our hospitals in an emergency

## How we are addressing the challenge

All NHS organisations, Norfolk County Council and other organisations are working closely together to make sure that health and social care services continue to be safe, sustainable and delivered close to home in the face of these challenges.

Our vision is to support more people to live independently at home, especially older people and those with long-term conditions, with high quality services.

**Our three main areas of work are:**

- ✓ **Supporting people to keep themselves healthy and well**
- ✓ **Enabling more people to live independently**
- ✓ **Reducing the pressure on our hospitals**

Our next step is to consider what we could do to tackle the challenges we face in these three areas. We also know that people are the greatest untapped resource in health care. So we want patients, carers and local people to be involved in the key decisions we will need to take. We want to work more closely with local councils and the voluntary sector who are also key to helping us to make the necessary changes. There is more information at the end of this document about how you can have a say, and help support the changes to sustain services into the future.



## Supporting people to keep themselves healthy and well

### The challenge

We need to better support people to keep themselves healthy and well. With the right support and better information many people would like to take greater control of their own long-term health.

The fall in the number of smokers shows us that people can make changes to the way they live that benefit their health.

An example of the challenge is the impact of being overweight on long-term health.



**Based on current trends, we estimate that by 2020 obesity will contribute to:**



**7,000**

more people having coronary heart disease



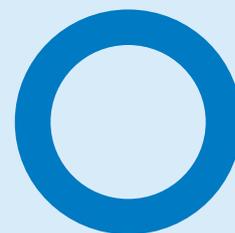
**2,000**

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.

Anyone can experience a mental illness or poor mental health, though some people will be more likely than others because of their genetic make-up or their life experiences that make them more vulnerable. Doing more to prevent mental ill-health, reducing the discrimination towards people with mental health problems, improving access to self-help resources and early help are the right things to do, but they would also benefit our local community and economy. It has been estimated that for every £1 invested in early identification and treatment for mental health problems up to £8 is saved. The majority of these savings benefit the wider local economy.

### **How we could tackle the challenge**

Many people are already taking steps to keep themselves healthy, for example by being more active, or making the commitment to lose weight together with friends in weekly meetings in many towns and villages.

Here are some of the things we could do to encourage more people take steps to look after their own health:

- Make sure there are more people who can give advice and support to those wanting to quit smoking or to take up more healthy lifestyles. This could include giving people who work for voluntary organisations and community groups the skills to support people, as well as our health and care staff.
- Tell people how they can get the help they need directly, without having to go to a doctor first for a referral.
- Doctors could talk more often to patients about a wider range of options for improving their health. Evidence shows that there are times when alternatives, such as walking groups, befriending services and book clubs, can be more effective than prescribing medication.
- Identify people earlier who are at risk of developing long-term health conditions, such as heart disease, diabetes and dementia. We could do this by making sure all health and care staff look out for early warning signs, not just GPs.
- Spot the times where alcohol is making a long-term condition harder to manage, so we can provide people with help and support.

All these mean that we will need to work more closely with all of the organisations who play a role in keeping people well, from leisure services and schools, through to pharmacies and community groups. These organisations have daily opportunities to talk to people about their health, how they can look after themselves and how to recognise early warning signs that something isn't right.

We can do more to impact the wider issues that affect health, such as housing, and take a coordinated approach to tackle problems such as mental health, domestic abuse and substance misuse.

We know that achieving the best health outcomes will come from people looking after their own health better, so that they are more able to live independently for longer. For example, supporting people to change their lifestyle can reduce the numbers developing Type 2 diabetes.

Big shifts are needed in knowledge, lifestyle and culture as well as services if we are to achieve this, but we are confident that across Norfolk and Waveney - by better working together - we can achieve this.



## Enabling more people to live independently

### The challenge

Treating problems early, well and close to home can help people to manage their own health and care. This can prevent further complications and the need for urgent care. General practice, community physical and mental health care services, social care and voluntary care services all play an important role in keeping us healthy and supporting us when we need it.

We believe that we should be developing more services to care for people in their communities, because that is the best place for people to be most of the time. To do this, we need to have more services based closer to people's homes.

While there are times when it is necessary and appropriate for people to be admitted to hospital we also know that treating someone in a hospital bed is not always the best place for them to be. In particular, older people who are kept in a hospital bed during treatment can lose their mobility and their independence. This can affect their overall health and increase their likelihood of having no option but to go into long-term care in a residential or nursing home.

### How we could tackle the challenge

We know that people want to stay healthier and independent for longer, which in turn will minimise the impact of illness and the need for formal health and care services. That ambition will mean more people being treated and supported in the community, rather than in hospitals or residential care. This is particularly the case for people with complex care needs, including those with mental health or learning disabilities.

We know that the costs of delivering care in the community are for some patients lower than those of delivering care in hospitals.

The work of GPs and community health care services costs around a tenth of Norfolk and Waveney's total health budget. They reach more people than any other service and can help the move to supporting people to live at home. So we need to transform GP and community services across the county at the same time as our hospitals, and find ways to invest money that is currently being spent on hospital care into GPs, community services and social care.

Some work has already been done in Norfolk and Waveney to change the way GP surgeries and community health and social care services work, and we'll look at other new ideas being tried elsewhere in the NHS.

In future, we will build on the traditional strengths of local GPs and other professionals who know what's needed in their community, getting the right services for patients with complex ongoing needs such as those with chronic conditions, and working much more intensively with these patients.

Future models of GP, primary care and community support will expand to include more nurses, therapists, social workers and other community-based professionals working together 24/7 to offer real options to care for people in their own homes. It could also offer some care in fundamentally different ways, making fuller use of digital technologies, equipping staff with new skills and roles, and offering greater convenience for patients and greater support to manage their own healthcare.

For example, more people from care homes visit A&E and are admitted to hospital in an emergency than we would expect. We could offer advice over the phone and online to care homes so that people know whether they would be better to go to a pharmacy or their GP rather than hospital.

Similarly, we also want to have more doctors and senior clinicians available to talk to people calling 111 and 999 ambulance services to make sure that more people get the right care, in the right place and at the right time.

There is agreement locally and nationally that there needs to be more investment in mental health. This covers everything from 'talking therapies', such as Cognitive Behavioural Therapy, to early help for young people and better emergency mental health care. We also need to do more to support the mental health needs of people who go to their GP or hospital with physical problems. There is evidence that people get better more quickly if this help is offered.

## Future scenario

Instead of patients having to go to lots of different places to get different specialist services, in the future we envisage that GPs, community health services, hospital specialists and social care will join forces to make it easier for people to get the help they need, whatever they turn-up to see the doctor for.

## Case study

Airedale, in Yorkshire, has reduced A&E attendances from care homes by 45% and emergency admissions to hospital from care homes by 37%. They've done this by offering people in care homes the opportunity to talk to a doctor and other clinicians over the phone 24 hours a day. This has helped to make sure that people are directed to the appropriate health service, be that a pharmacist, their GP or a hospital. We are considering developing a similar service in Norfolk and Waveney.

## Reducing the pressure on our hospitals

### The challenge

Norfolk and Waveney is served by three busy acute hospitals, The Queen Elizabeth Hospital in Kings Lynn, the Norfolk and Norwich University Hospital, and the James Paget University Hospital in Gorleston. All of the hospitals face significant challenges around capacity, recruiting and retaining key staff, and finance.

Between 2005 and 2014, our population increased by 5%, while emergency admissions to hospital increased 30%. We forecast that by 2021 there will be 22,000 additional emergency admissions to our hospitals unless we take action.

It is not just emergency admissions to our hospitals that have rapidly increased across Norfolk and Waveney. The number of people with appointments at our hospitals for day treatments increased by 24% between 2009 and 2014, from 113,600 to 140,900.

We forecast that the number of people receiving care at our hospitals will continue to increase if we don't change how we work. This will make it increasingly difficult for our three hospitals to meet people's needs in a timely fashion. At times, the hospitals struggle to meet the national standards: for planned care within 18 weeks from referral, cancer treatments within 31 and 62 days, and A&E care within 4 hours.

### How we could tackle the challenge

We want efficient and sustainable hospital services in Norfolk and Waveney that consistently meet national standards.

This means that we need to review the services our hospitals provide, and what is done by other people and organisations. Because of the geography of Norfolk and Waveney we expect emergency care facilities to remain in our three hospitals, but each is currently under significant pressure.

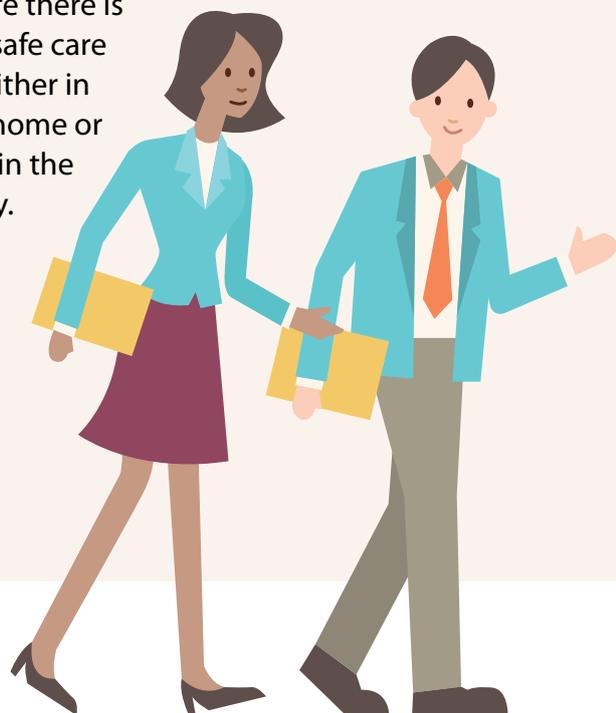
We will look at all the health and social care services provided across Norfolk and Waveney, analyse demand and capacity, as well as look at how our three hospitals can work differently together so that they provide the best health care to people in Norfolk and Waveney.

The hospitals have agreed to work more closely together to both make better use of all the capacity available between them and also how clinicians can work even more closely together to help sustain high quality services for everyone.

### For example:

- Maternity services at our three hospitals could look for ways to work more closely together and better manage the demand for their services.
- Each of the hospitals have bottlenecks for patients needing to access radiology which can delay treatments. The hospitals may be able to share their technology, capacity and expertise more in the future to alleviate this problem.
- It may be possible to take pressure off busy outpatient services such as dermatology by moving some clinics into the community and making more use of digital technology.
- There may be opportunities to relocate some routine cardiac diagnostic services to the Queen Elizabeth and James Paget Hospitals to help free up some capacity at the Norfolk and Norwich University Hospital

As part of this, we want to find ways safely to reduce the time patients spend in hospital, by making sure there is good and safe care available either in their own home or elsewhere in the community.



## How you can get involved

We need local people, and organisations to share their experience, views and ideas about how we can create sustainable health and social care services. There will be opportunities for you to get involved at every stage of our work.

Visit [www.healthwatchnorfolk.co.uk](http://www.healthwatchnorfolk.co.uk) to find out how you can get involved and work with us to improve health and social care services.



**If you need this information in large print, or in an alternative version, please contact Norfolk County Council on 0344 800 8020.**

Produced by Norfolk and Waveney Sustainability and Transformation Programme

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- Norfolk County Council
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- Norfolk and Norwich University Hospitals NHS Foundation Trust
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- Healthwatch Norfolk
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September 2016

