Norfolk County Council
at your service

Health and Wellbeing Board
Minutes of the meeting held on Wednesday 8 January 2014
at 9.30am in Room 16, Abbey Conference Centre, Norwich

Present:

Mr D Roper, Norfolk County Council – Chairman

William Armstrong	Healthwatch Norfolk
Brenda Arthur	Norwich City Council
Cllr Yvonne Bendle	South Norfolk Council
Harold Bodmer	Director of Community Services, NCC
Dr Jon Bryson	South Norfolk Clinical Commissioning Group
Pip Coker	Voluntary Sector representative
Dr Anoop Dhesi	North Norfolk Clinical Commissioning Group
Tracy Dowling	Director of Operations & Delivery, NHS England, East Anglia Team
Angie Fitch-Tillett	North Norfolk District Council
Anne Gibson	Chief Executive (Acting) NCC
Joyce Hopwood	Voluntary Sector Representative
Cllr Penny Linden	Great Yarmouth Borough Council
Sheila Lock	Interim Director of Children's Services, NCC
Dr Ian Mack	West Norfolk Clinical Commissioning Group
Lucy Macleod	Acting Director of Public Health
Jenny McKibben	Deputy Police and Crime Commissioner
Elizabeth Nockolds	Kings Lynn & West Norfolk Borough Council
Dr Chris Price	Norwich Clinical Commissioning Group
Cllr Andrew Proctor	Broadland District Council
Dr John Stammers	Great Yarmouth & Waveney Clinical Commissioning Group
Cllr Lynda Turner	Breckland District Council
Stephen Wells	West Norfolk Clinical Commissioning Group
Sue Whitaker	Cabinet Member Adult Social Services, NCC

Others present:
Debbie Bartlett, Head of Planning, Performance and Partnerships, NCC

1 Apologies

Apologies were received from Cllr James Joyce, Norfolk County Council, Andy Evans, Gt Yarmouth & Waveney CCG (Dr John Stammers substituted), Stephen Bett, Norfolk Police & Crime Commissioner (Jenny McKibben substituted), Richard Draper, Voluntary Sector Representative, and T/ACC Nick Dean, Norfolk Constabulary.

2 Welcome

The Chairman welcomed those members of the Board who were attending their first meeting.

3 Minutes of the Health and Wellbeing Board meeting held on 23 October 2013.

The minutes of the Health and Wellbeing Board (H&WB) meeting held on 23 October 2013 were agreed as a correct record and signed by the Chairman.

4 Matters Arising

Norfolk County Council Budget Consultation
Once the budget had been set by Norfolk County Council following the 'Putting People First' Budget consultation, the Board would discuss the possible impacts on the work of the H&WB and its priorities.

5 Declarations of Interest

There were no declarations of interest.

6 To receive any items of business

There were no items of urgent business.

7 Developing a Norfolk Joint Health and Wellbeing Strategy 2014-17

7.1 The Board received and noted a report from the Interim Director of Public Health providing an outline draft Joint Health and Wellbeing Strategy 2014-17 for consideration by the Board. It was anticipated that the final Strategy would be presented to the Board at its meeting in April.

7.2 The Board considered each priority individually, with the following points being noted during the discussion:

Generic

- Explicit wording was needed setting out the county-wide approach and what the Board would do at a county level, as well as what it would do at a local level, acknowledging that there would be localised delivery mechanisms.
- The Health and Wellbeing Board needed to ensure it was sufficiently ambitious and challenging in its Strategy to fulfil its community leadership role.
- The key outcome measures would be included within the detailed operational plan which would sit beneath the Strategy. There would be reference to them, together with the Board's overall ambition, in the Strategy. Once the Board had agreed the outline plan, the Strategy Group would then consider the detail of the key outcome measures.
- The phrase "pilot project" would be replaced with the words "demonstration project", which better reflected their role in demonstrating good practice.

Priority 1 – Giving Every Child the Best Start in Life

- A narrative was needed to explain the links to other, existing key county-wide strategies - for example, there were clear links with the Early Help Strategy and the interface with the safeguarding agenda.
- There was also a need to keep a strong focus on tackling inequality and being able to respond support the most vulnerable.
- The Joint Strategic Needs Assessment (JSNA) provided key information around the three priorities, and it might be useful to carry out further interpretation of the JSNA against the priorities in order to target vulnerable groups.
- It was suggested that consideration should be given to including reference to breast feeding initiation and continuation, sexual exploitation and also to including children of offenders, especially those whose parents had been imprisoned.
- It might be the appropriate point to take this developing priority around early years

to the newly set up Children's Partnership.

Priority 2 – Reducing the Prevalence of Obesity

- Consideration should be given to the link between obesity and mental health issues as it was felt there was a strong crossover. It was expected that the operational plan would provide further detail. There also needed to be a clear statement on obesity in priority one.
- There were opportunities for the district councils and South Norfolk District Council drew the Board's attention to the fact that they were already offering the services of mobile gyms and that a programme of improving leisure centres was underway.
- There could be a role for the Norfolk Commissioning Academy in promoting integration across a wide range of services.
- The work on the pilot project was in the formative stages and had been included for demonstration only. Other areas would be included in the final strategy.
- There were concerns about delivery and an operating model was needed to be clear about how the Board was adding value to all the work that was already underway around obesity
- The Strategy Group would be able to drive, support and encourage the delivery of the strategy once it was finalised.

Priority 3 – Improved Quality of Life for People with Dementia and their Carers

- The Board noted that the Norfolk Older People's Strategic Partnership had completed this section of the Strategy and that it covered the subject in detail.
- There was a suggestion that it should be linked or merged with the existing Dementia Strategy and that it should link in with the Dementia-friendly communities work underway in parts of Norfolk. In taking this forward, it would be helpful if the H&WB would position itself for the Norfolk part of the Norfolk & Suffolk Dementia Alliance, as the deliverers.
- It was noted that Members and staff of Breckland District Council had been trained in dementia-friendly awareness
- It was suggested that this priority was not ambitious enough as currently drafted and that there could be more about prevention
- There was a suggestion that consideration be given to including carers who faced domestic abuse. It was also suggested that the Harwood Care and Support Charter could be used as a reference in the strategy in relation to feedback and complaints

RESOLVED to agree that the H&WB Strategy Group should further develop the draft Strategy, taking on board the Board's comments and views, and bring a final draft Strategy to the next meeting.

8 Clinical Commissioning Groups – Commissioning Intentions

8.1 The Board received and **noted** the information provided by the five Clinical Commissioning Groups (CCGs) including their presentations, copies of which are attached at Appendices B-F.

8.2 The following key points were noted:

- The contribution to addressing health inequalities was being picked up through an emphasis on the prevention agenda.
- There were opportunities for integration around children's issues, starting perhaps with mapping GP practices around Children's Services clusters.

- End of Life care and Bereavement Care was an important issue and needed a greater focus
- It would be useful for the Board to have a way of arriving at a collective view about the overarching risks in the system and about the challenges that faced.
- CCGs were currently in the process of producing their 2-year plans and these would be brought to the next meeting of the Board.

9 Integration and the Better Care Fund

9.1 The Board received a report, presented by the Director of Community Services, on the new Better Care Fund, which is a national initiative requiring the creation of a pooled budget for the commissioning of integrated health and social care services. The report outlined the structure of the fund arrangements and set out progress on developing plans between partners in the geographies of the Clinical Commissioning Groups.

9.2 The following points and actions were noted during the discussion:

- The ‘first cut’ of the plan needed to be approved by the Health and Wellbeing Board prior to its submission on 14 February 2014, setting out how the “must have” issues would be delivered and a proposal around a local performance measure.
- That this Fund was not new money, it was from a number of existing budgets - it was a mechanism for supporting integrated working and a catalyst for whole system improvement. It would be challenging to the system as a whole.
- Although the plan would need to align with the Clinical Commissioning Groups’ 2-year and 5 year plans, there was a need to look longer term and focus on the outcomes we are trying to achieve – using innovation in service and different ways of working.

RESOLVED to delegate the sign off of the Better Care Fund plan to the Chairman, Vice-Chairmen and the Director of Community Services, with input from any Board Member. The Plan would be circulated to the Board for their comments prior to sign-off.

10 Support for Parents and Carers of Children and Young People accessing Mental Health Services

10.1 The Board received a briefing paper by the Chief Officer, North Norfolk Clinical Commissioning Group outlining how parents/carers of children and young people accessing mental health services were routinely involved in their treatment and care. The report also described the mechanisms through which parents/carers in need of separate or additional targeted or specialist mental health support were enabled to access adult mental health services. The report was presented by the Assistant Director, Integrated Mental Health/Learning Disabilities Commissioning.

10.2 The Board considered that it would be useful to have information about how well the process was working and, in particular, to seek the views of practitioners and users of the service. The Interim Director of Children’s Services offered to convene a group and invite representatives from a number of well-established forums, including the NCC In-Care Council, to attend to give their views.

RESOLVED to take up the offer by the Director of Children’s Services to convene a small Group with a user and practitioner perspective and bring an updated report to a future meeting of the H&WB.

11 Pharmaceutical Needs Assessment (PNA)

11.1 The Board received and **noted** the report by the Interim Director of Public Health, NCC outlining the purpose of a Pharmaceutical Needs Assessment (PNA), the responsibilities of the H&WB in relation to production of the assessment and the timelines for production of a new PNA for Norfolk which would come into effect from April 2015.

12 Autism Self-Assessment Framework

12.1 The Board received a report by the Director of Community Services, NCC outlining the Government's strategy 'Fulfilling and Rewarding Lives' which set out the long term vision for transforming the lives of, and outcomes for adults with autism, with an emphasis placed on the requirement for local, specialised services.

The report also outlined the requirement for completion of an Autism Self Assessment in all areas which would reflect the position of Norfolk services in relation to the needs of people with Autistic Spectrum conditions. It also highlighted the requirement that the completed Self Assessment Framework be presented to the relevant HWB by the end of January 2014.

12.2 The following points were noted in response to questions from the Board:

- Items which were RAG rated 'red' were regularly considered by the Adult Autism Steering Group and the Group were currently trying to set up a central mechanism to record data relating to the number of people diagnosed with autism who met the eligibility criteria for social care (irrespective of whether or not they received benefits).
- Membership of the Adult Autism Steering Group consisted of representatives from service users, carers, CCG representatives, housing representatives, Norfolk Community Health and Care, Norfolk County Council and Acute Trusts. This was a wide range of people and the Group also co-opted representatives as and when necessary.
- Work was currently taking place to establish an IT system capable of recording data in a meaningful way.
- It was noted that voluntary sector providers of services to adults with Learning Disabilities intended to review the Autism SAF and provide feedback to the commissioner.

RESOLVED to endorse the Norfolk Autism Self Assessment Framework (SAF).

13 Report of the Cambridgeshire, Norfolk and Suffolk Joint Health Scrutiny Committee on Proposals for Liver Resection Services.

13.1 The Board received a report by the Head of Planning, Performance and Partnerships, NCC outlining a recommendation to the Health and Wellbeing Board from the Cambridgeshire, Norfolk and Suffolk Joint Health Scrutiny Committee from its recent review of proposals by NHS England for the reconfiguration of liver resection services affecting patient pathways for the populations of Cambridgeshire, Norfolk and Suffolk.

13.2 The recommendation to the Health and Wellbeing Board was that work should take place to explore innovative solutions to transport issues for patients and their families/carers who needed to access specialised health care services.

13.3 The Board had also been sent, for information, a report from NHS England setting out the review undertaken of surgical services for metastatic liver resection. A copy of this report is attached at Appendix A to these minutes.

13.4 The following points were noted in response to questions from the Board:

- Transport options needed to be published and made available for all patients of the services, as well as their relatives, to ensure that they were in receipt of the relevant information. This included specialist nursing staff in order to enable them to guide patients and their families through the available transport options.
- It would be useful to build on existing good practice, for example, work on integrated transport in Breckland involving the Assistant Director Environment, Transport and Development, Norfolk County Council.
- It was suggested that an audit could be carried out to ascertain what transport options were currently available and then to look at how these services could be improved – using innovative approaches.

RESOLVED to work with the Assistant Director, Environment, Transport and Development, Norfolk County Council to explore innovative solutions to transport issues for patients and their families/carers who need to access specialised health care services

14 Healthwatch Norfolk

The H&WB received and **noted** the Healthwatch Norfolk minutes of the meeting held on 16 September 2013. The next meeting would be held on 20 January 2014.

The Chairman of Healthwatch agreed to give a brief presentation at the next HWB meeting for the Board to receive an update on the activities undertaken by Healthwatch.

15 NHS England

15.1 The Board received a verbal update from Tracy Dowling, Director of Operations and Delivery, NHS England East Anglia Team and noted feedback on the Local Quality Surveillance Group (QSG), during which the following points were noted:

15.2

- A risk summit regarding the East of England Ambulance Service would be held on 28 January. The Director of Operations and Delivery would give a report on the findings of the risk summit to the HWB at its next meeting.
- Concerns relating to the Norfolk and Suffolk Mental Health Trust and the current redesign of services were being reviewed, with particular focus on the services for Norfolk.
- The Improvement Plan for the Queen Elizabeth Hospital King's Lynn was being overseen by a governance committee and it was noted that good progress was being made..
- Checkpoint meetings had been held with the CCGs and all five have strong levels of assurance.
- The focus would continue on Accident and Emergency performance and Urgent Care. Winter plans were all solid and robust and performance was generally good at the James Paget Hospital and the Norfolk & Norwich University Hospital. Performance at the Queen Elizabeth Hospital, King's Lynn was continuing to improve.

15.3 The Chairman thanked the Director of Operations and Delivery, NHS England East Anglia Team, for the update.

16 Norfolk Health Overview and Scrutiny Committee

The Board received and noted the minutes from the Norfolk Health Overview and Scrutiny Committee meetings held on 10 October and 28 November 2013.

The next meeting would take place on **Wednesday 16 April 2014** at 10am. The venue is to be confirmed.

The meeting closed at 12.35pm

Chairman

Appendix A

Norfolk Health and Wellbeing Board
Report for Information

Surgical Metastatic Liver Resection Services

Report of NHS England

Summary
A review of surgical services for metastatic liver resection has been undertaken with the aim of ensuring high quality, safe and sustainable services for patients. The review has concluded that there should be a single surgical centre for East Anglia, working as part of a network with local services to achieve improved outcomes for patients. The review has concluded that the surgical service should be located at Addenbrookes, Cambridge.

Action
The Health and Wellbeing Board is asked to:
- Note the review undertaken
- Note the recommendations of the review

1. Background

1.1 A surgical resection service provides curative treatment for people with liver metastases. The National Institute for Clinical Excellence Colorectal Improving Outcomes Guidance (IOG) states that a liver metastases surgical resection service should serve a population base of at least 2 million, with all surgery taking place at a single specialist surgical centre for patients with liver metastases. The IOG seeks to improve outcomes for patients by introducing a dedicated, multidisciplinary team delivering high quality care in a single specialist surgical centre that will deal with sufficient numbers of patients to maximise clinical expertise.

1.2 NHS England became responsible for the commissioning of this service, in April 2013 and is required to commission a service that is compliant with the IOG. NHS England (East Anglia) has therefore been working to take forward the Review of surgical services for liver metastases within the boundaries of the Anglia Cancer Network region, which covers people living in Suffolk, Norfolk, Cambridgeshire, and north Bedfordshire, which was started in January 2011.

2. The Review

1.1 In 2011, the former Anglia Cancer Network engaged the former Midlands and East Specialised Commissioning Group (SCG) to lead the work needed to review specialist surgical services for patients with liver metastases. The aim of the review was to ensure that all patients have access to an IOG compliant service.

1.2 A Project Steering Group was set up in January 2011 to lead the review of the current service and to ensure broad representation from expert clinicians and commissioners, as well as patient representatives who had used the service. The review found that the number of people undergoing liver resection for colorectal

cancer metastases in the region was significantly lower than the national average, with five referral pathways for the population in the Anglia Cancer Network region:

a) Three centres within the network which are non IOG Compliant– The Ipswich Hospital Trust, Norfolk and Norwich University Hospitals NHS Foundation Trust undertaking approximately 25 resections/year and Cambridge University Hospitals NHS Foundation Trust undertaking approximately 45 resections/year (NB: The Ipswich Hospital has recently stopped their liver resection surgery).

b) Two centres outside the network which are IOG compliant– Basingstoke (as part of Hampshire Hospitals NHS Foundation Trust) for the Bedford referral pathway and University Hospitals Leicester for the Peterborough referral pathway

2.3 The Project Steering Group undertook a comprehensive review, which included seeking further advice from the National Cancer Action Team (NCAT). NCAT agreed to conduct a review into possible models that could be used to provide the service and advise on:

a) What the service should look like;
b) What organisations are best placed to deliver the service;
c) What should the expectations be for the reconfigured service?

2.4 In August 2012, the NCAT report was published and concluded that :

a. There is strong and compelling evidence to support the principle that centres that see more patients produce better short and long term outcomes than centres that don't see a smaller number of patients.

b. Whilst both centres (Norwich University Hospitals NHS Foundation Trust and Cambridge University Hospitals NHS Foundation Trust) do have good outcomes for patients, both centres are under performing with the amount of patients that are referred for liver resection surgery.

c. Multiple patient pathways that exist in the network are not sustainable in the long term and are likely to continue to impact on the local number of referrals

d. The team did not find any compelling reasons not to support an IOG compliant service. Developing a compliant service was felt most likely to deliver the service capable of delivering increased access to and the highest quality of surgery

e. One site, serving the population of potentially 2.9m is the preferred and recommended service configuration

2.5 The process to establish an IOG compliant service recommenced in September 2012 and following publication of the service criteria, two expressions of interest were received from CUHFT and NNUHFT to become the single centre for liver resection surgical services.

2.6 The bids were assessed using a scoring criteria developed by the Project Steering Group and an External Review Panel, made up of independent expert clinicians, a referring surgeon, a service specialist, a clinical nurse specialist and a patient representative who visited each provider to discuss their service proposal in detail.

2.7 The External Review Panel recommended that the single site surgical liver metastases service for the population of the Anglia Cancer Network region should be

developed at Cambridge University Hospitals NHS Foundation Trust (CUHFT). Only surgery and immediate follow up would occur at the single specialist surgical centre, ensuring that as many elements as possible of the pathway would be delivered locally.

2.8 Whilst the External Review Panel found that CUHFT was best placed to deliver the network wide service, a number of recommended actions were identified in the report. In summary, the key recommendations from the External Review Panel report were:

a) Consideration needed to be given to the transport needs of a rural and elderly population, especially from the more remote areas of the region.
b) Leadership of the network wide service needs review, and sufficient time needs to be given to this role.
c) Ensuring effective engagement of all referring units is key to this service.
d) A whole team approach to proactive working from the centre will ensure close team working with each of the referring Multi-Disciplinary Teams.
e) Proactive working from the specialist Liver Metastases surgery team to ensure improved referral and a demonstrable improvement in resection rates.
f) Ensuring at all times that the new model of working, whilst centralising surgery, should at the same time maximise those parts of the care pathway that can be delivered to patients locally.

2.9 A Joint Health Scrutiny Committee was established to consider the review and the recommendations.

3. Key issues for discussion

3.1 The guiding principle is that only surgery and immediate follow up will take place at the single specialist surgical centre. Patients will be supported by healthcare professionals across the network region collaborating throughout each stage of the patient journey, ensuring that as many elements as possible of the pathway will continue to be delivered locally as they are now.

4. Conclusions and recommendations

4.1 The Health and Wellbeing Board is asked to:

- Note the outcome of the review to support improved outcomes for patients.
- Note the preferred options for a single surgical centre.

Contact

If you have any questions about matters contained in this paper please get in touch with:

Name	Tel	Email
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Appendix B

NHS West Norfolk Clinical Commissioning Group

Commissioning Intentions for health and care in West Norfolk in 2014/15 and beyond

Health and Wellbeing Board
8th January 2014

Strategic Direction – System Sustainability

Meet the needs of the local population and improve the Patient experience

Must deliver a solution that is financially, operationally and clinically safe and sustainable, delivery with improved Outcomes

Must satisfy respective regulatory bodies for scope, output and pace (Monitor, NHS England)

Must be developed in partnership with local stakeholders, clinicians and the public

West Norfolk System Sustainability Programme

System Sustainability

Hunstanton, King's Lynn, Swaffham, Downham Market

2

WEST NORFOLK SYSTEM SUSTAINABILITY CONTEXT

CHALLENGES
- QEHKL £
- LESS £
- DEMOGRAPHICS
- PROVIDER CONTEXT
- RISING STANDARDS
- SERVICE CONFIGURATION
- WORKFORCE

OPPORTUNITIES
- COMPELLING VISION FOR THE FUTURE
- STRONG COMMITMENT TO INTEGRATION AND PARTNERSHIP WORKING
- COHESIVE, DISCRETE HEALTH AND SOCIAL CARE SYSTEM
- OPPORTUNITY TO COMMISSION AND PROVIDE CARE INNOVATIVELY

Hunstanton, King's Lynn, Swaffham, Downham Market

3

Informing the Strategic Vision 2014/15

- Collation of feedback following stakeholder engagement in summer 2013,
- WNCCG – external peer review to identify opportunities for improved commissioning (QOF requirements),
- Alignment with Public Health priorities 2014/15,
- Consideration of "fit" with longer term strategy for system sustainability,

Four main aims:
- Commissioning integrated services for the patient population in order to improve quality of care,
- Improving the health and wellbeing of the people of W. Norfolk and addressing health inequalities,
- Preventing disease and premature death,
- Decreasing hospital admissions for long-term conditions,

WNCCG will continue to utilise available contractual levers and incentives and wherever possible will pool resources across health, social care, voluntary and independent sector

4

Key Areas of Commissioning Focus in 2014/15 (1)

- Dementia: improved early diagnosis, assessment and referral,
- Improving access to mental health services, through earlier identification, and transparent assessment and treatment pathways for service users and referrers,
- Integration of frail and elderly pathway: integration across "frail and elderly" pathway across health, social care, voluntary and independent sector,
- Continued focus on improvement in Urgent Care delivery including Paediatric urgent care and review local sustainability and community/ acute pathway interface,
- Cardiology – review local vs. clinical network and tertiary services,
- Pathway reviews: opportunity for community interventions:
  - Urology
  - Pain management
  - Gastro-intestinal
  - Ophthalmology

5

Key Areas of Commissioning Focus in 2014/15 (2)

- Cancer: improved early diagnosis and intervention, and participation as pilot site for a national Macmillan End of Life Care at Home initiative,
- Ambulatory Care Sensitive conditions: increased treatment in community settings where clinically appropriate and improved hospital treatment pathways,
- Prescribing improvements: in line with best practice guidance regarding prescribing and benchmarking data, to ensure alignment with national standards,
- Collaboration with provider partners, patients and the public in commissioner led redesign programme to ensure long term system sustainability,
- GP Education: opportunity for heightened education to improve referral behaviour and strengthen clinically led commissioning,

In addition to the above, on-going work to continually improve patient safety, and clinical quality

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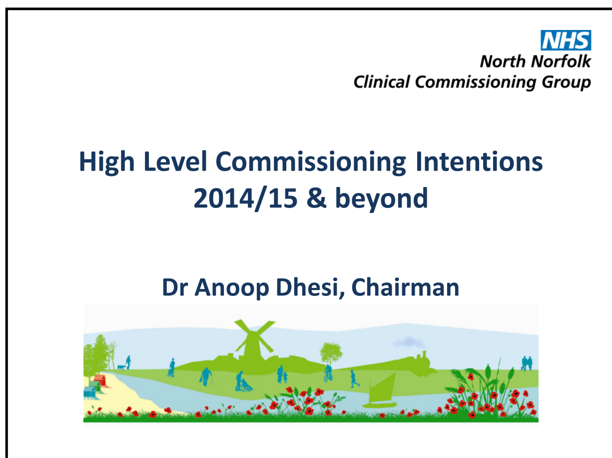
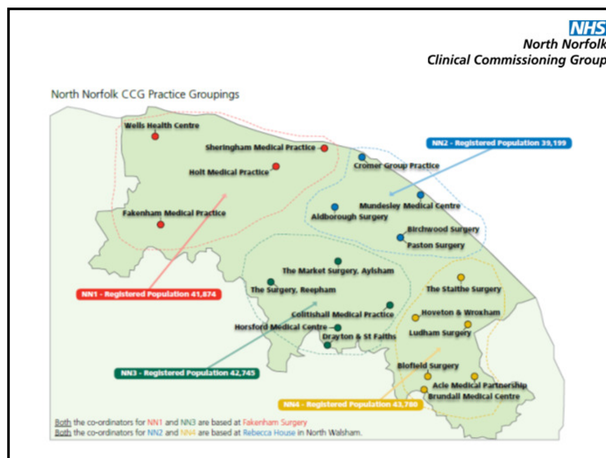




NHS
North Norfolk
Clinical Commissioning Group

Ensure the safety of services currently commissioned for people in North Norfolk

- Emergency Ambulance Services & wider unplanned care system
- Mental Health Services
- Ensure quality of care for looked after children

Prevent People from Dying Prematurely; Safe Care

Transform care such that a fully integrated Primary, Community, Social and Secondary Care service is a day to day reality for people in North Norfolk
Best Quality of Life for people with a LTC; Quick & Successful recovery from illness; Great experience of care; safe care.

Delivering all of the above in the most challenging Financial context

NHS
North Norfolk
Clinical Commissioning Group

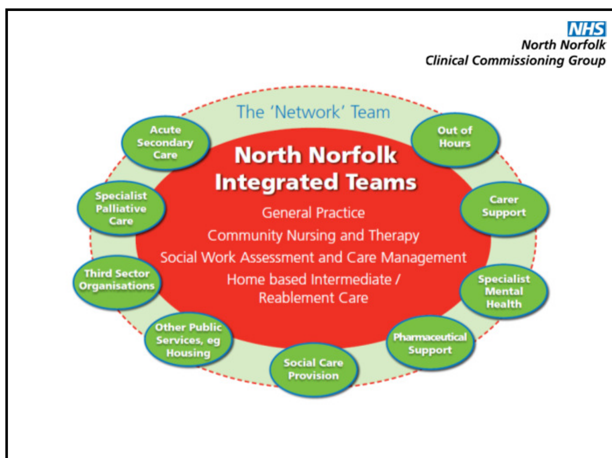
So what will be different by 2015?

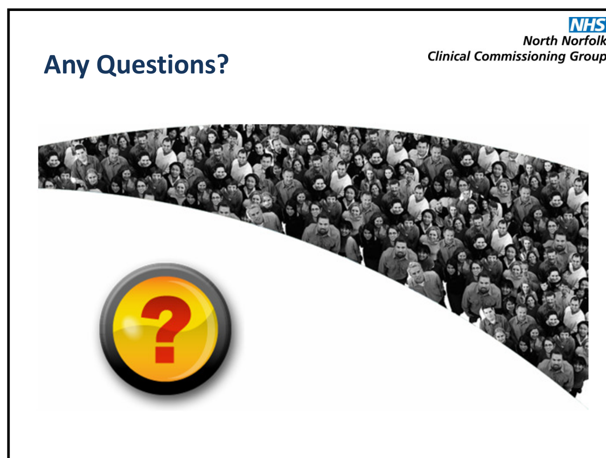
Delivering Integrated Care

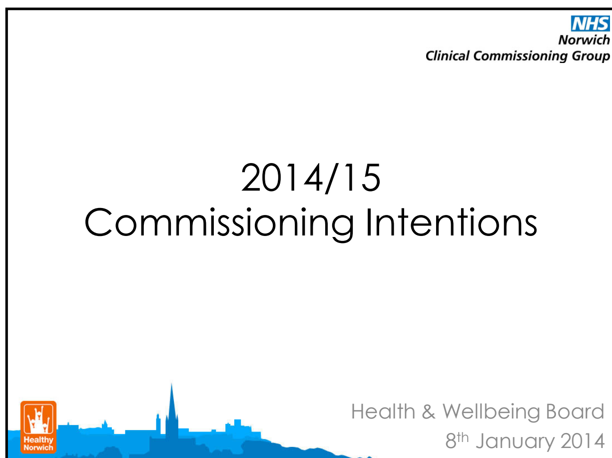
- Every older person at risk is known about
- Their care across agencies co ordinated by dedicated staff
- Has a named GP
- Full health and social care team support
- Patient held care plans which can be "switched on 24/7"
- Volunteer support which better aligns across agencies
- Specialist advice from secondary care can be accessed without admission to hospital
- Development of more bespoke services in Community Hospitals
- Much more effective support for patients living in care homes
- Develop links with housing sector

Delivering Safe Care

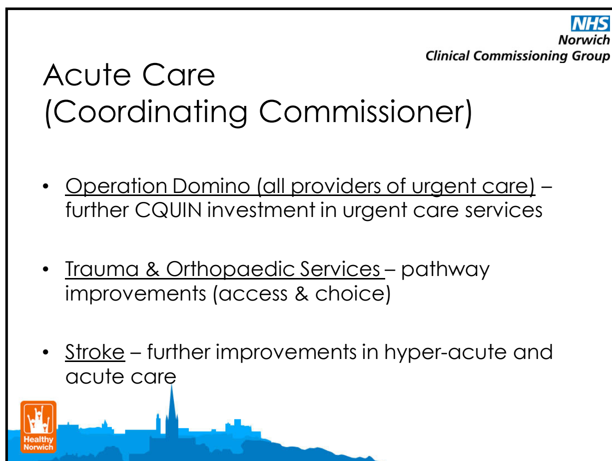
- 60% minimum performance against 8 minute emergency response standard and 75% minimum performance against 19 minute emergency response standard
- Complete safe implementation of new mental health services by Norfolk & Suffolk Foundation Trust
- Ensure that all Looked after Children receive at least annual health checks

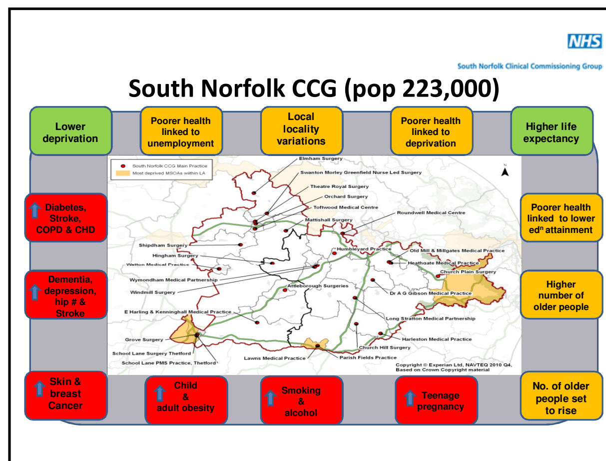




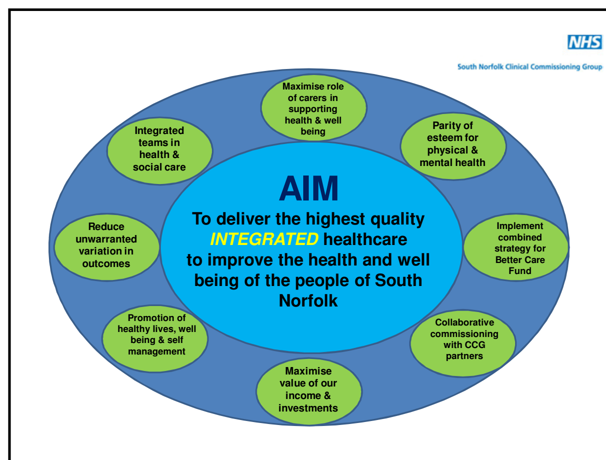

NHS
Norwich
Clinical Commissioning Group
2014/15
Commissioning Intentions
Health & Wellbeing Board
8th January 2014
Healthy Norwich

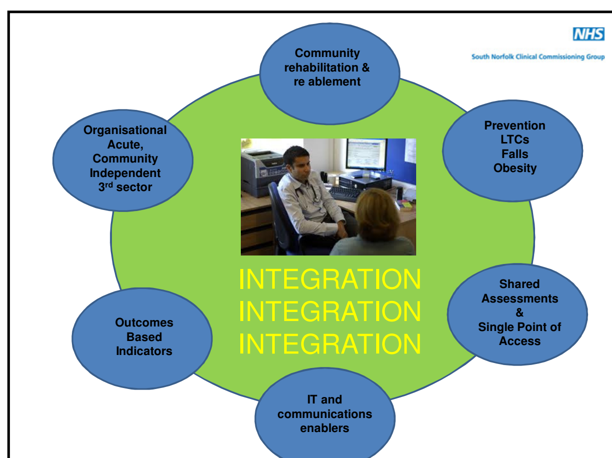
NHS
South Norfolk Clinical Commissioning Group
High Level Commissioning Intentions
2014/15 & beyond
Dr Jon Bryson, Chairman


NHS
Norwich
Clinical Commissioning Group
Acute Care
(Coordinating Commissioner)
Operation Domino (all providers of urgent care) – further CQUIN investment in urgent care services
Trauma & Orthopaedic Services – pathway improvements (access & choice)
Stroke – further improvements in hyper-acute and acute care
Healthy Norwich


NHS
South Norfolk Clinical Commissioning Group
South Norfolk CCG (pop 223,000)
Lower deprivation
Poorer health linked to unemployment
Local locality variations
Poorer health linked to deprivation
Higher life expectancy
Diabetes, Stroke, COPD & CHD
Dementia, depression, hip # & Stroke
Skin & breast Cancer
Child & adult obesity
Smoking & alcohol
Teenage pregnancy
Poorer health linked to lower edn attainment
Higher number of older people
No. of older people set to rise

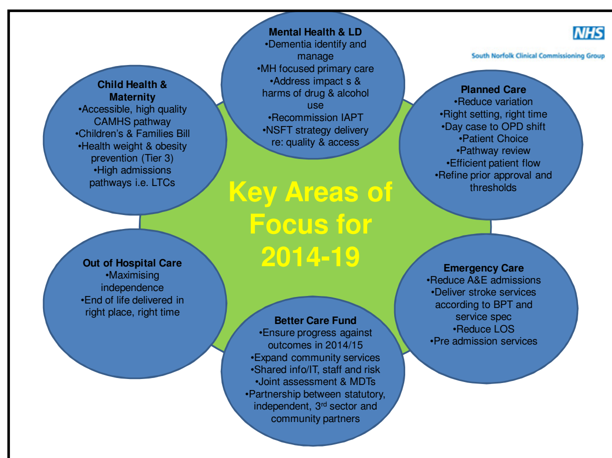
NHS
Norwich
Clinical Commissioning Group
Community & Mental Health Services
Patient Opinion – quality requirement for all major providers
Continuing Healthcare – bringing CHC care into mainstream contracts for care continuity & cost efficiency
End of Life Care – enabling choice & control (place of care)
Community Mental Health – model redesign & re-procurement
Healthy Norwich


NHS
South Norfolk Clinical Commissioning Group
AIM
To deliver the highest quality INTEGRATED healthcare to improve the health and well being of the people of South Norfolk
Maximise role of carers in supporting health & well being
Parity of esteem for physical & mental health
Implement combined strategy for Better Care Fund
Collaborative commissioning with CCG partners
Maximise value of our income & investments
Promotion of healthy lives, well being & self management
Reduce unwarranted variation in outcomes
Integrated teams in health & social care



Any Questions?

NHS
South Norfolk Clinical Commissioning Group



NHS
Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

Commissioning intentions 2014/15 and beyond

Andrew Evans
Chief Executive
January 2014

Better Health, Better Care, Better Value

NHS
South Norfolk Clinical Commissioning Group

Our Challenge?

To ensure the people of South Norfolk enjoy safe, high quality, integrated and consistent services wherever, from whoever and whenever they need them.

BUT

All within the most challenging financial context we have ever known

Aiming to achieve

NHS
Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

- Focus on our whole population
- Integration across the public sector
- Best use of total resources
- Well-being not health alone
- Care at home and in the community
- Removal of perverse incentives
- Vertical integration effects
- Prevention and early treatment
- Sharing care, resources, risks and benefits with partners

Better Health, Better Care, Better Value

Contracting actions

HealthEast

- Single operational management arrangements across pathways/disease areas required
- Respiratory care pilot- whole care approach
- Some movement from *Payment By Results*
- Out of hospital team
- 7 day working requirements
- Investing in primary care
- Virtual pooling of budgets with partners – CCs, D/BCs, NHS England
- Scrutiny of value for money of all contracts

Better Health, Better Care, Better Value