

West Norfolk Clinical Commissioning Group

Stakeholder Events

July – August 2013



Welcome and Introduction

Dr Tony Burgess
Deputy Clinical Chair – Governing Body



Programme for the session

- Setting the scene and context of this year
- The patient experience
- Table Top Discussions
- Question and Answer Panel Session
(write your questions on the post-it notes)
- To listen to you, your views, your concerns and your suggestions

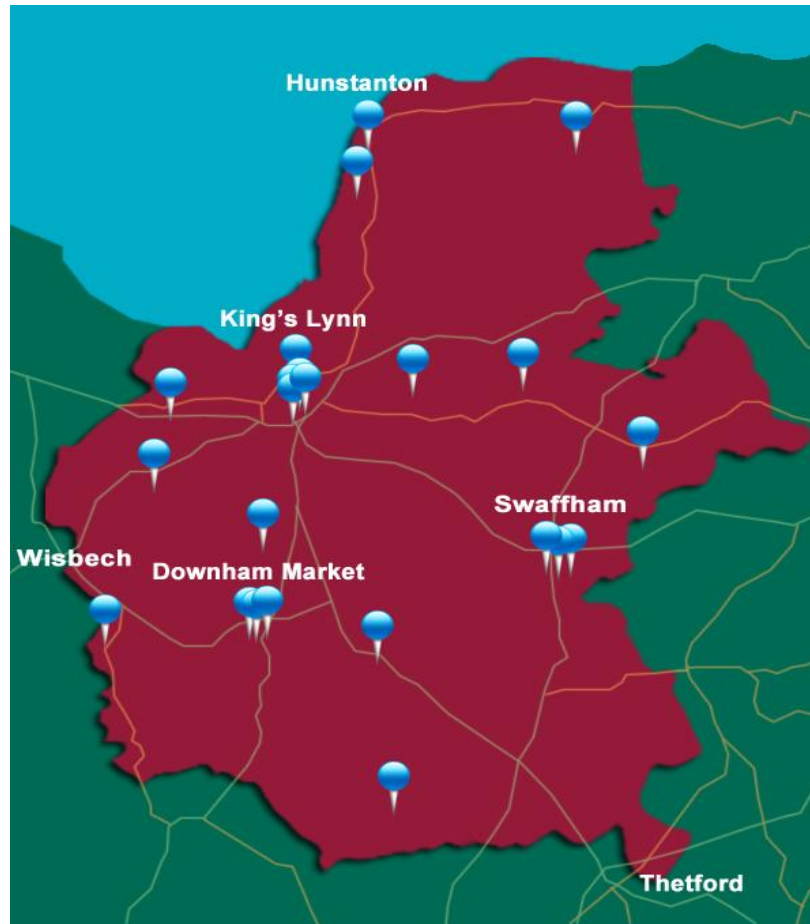
Who are we?



Who are we?

- A clinically led organisation, made up of GP practice members, responsible for commissioning services to meet the health and care needs of the West Norfolk population
- This means that we buy health and care services such as hospital and community care, and services to promote physical and mental health and wellbeing
- We are made up of a group of 23 GP member practices
- We cover a population of approximately 165,000 residents and have a budget of approximately £220 million
- We have this month received news that we have been fully authorised as a newly established Clinical Commissioning Groups without conditions to operate

West Norfolk CCG Membership



What is important to us?

- Quality
 - improve the quality of services and value for money within the existing CCG budget
- Performance
 - Minimise variations in performance and reduce the gap in inequalities
- Integration
 - Build further on integration between health and social care, working closely with local partners



Quality at the heart of all we do...





How do we assure the quality of our Providers (1)?

- Robust contracts and quality standards
- Linking quality innovation to incentive payments
- Strong clinical engagement and challenge at monthly quality meetings
- Early intervention in areas of concern – e.g. Clinical Audit
- GP to Clinical Director fortnightly meetings

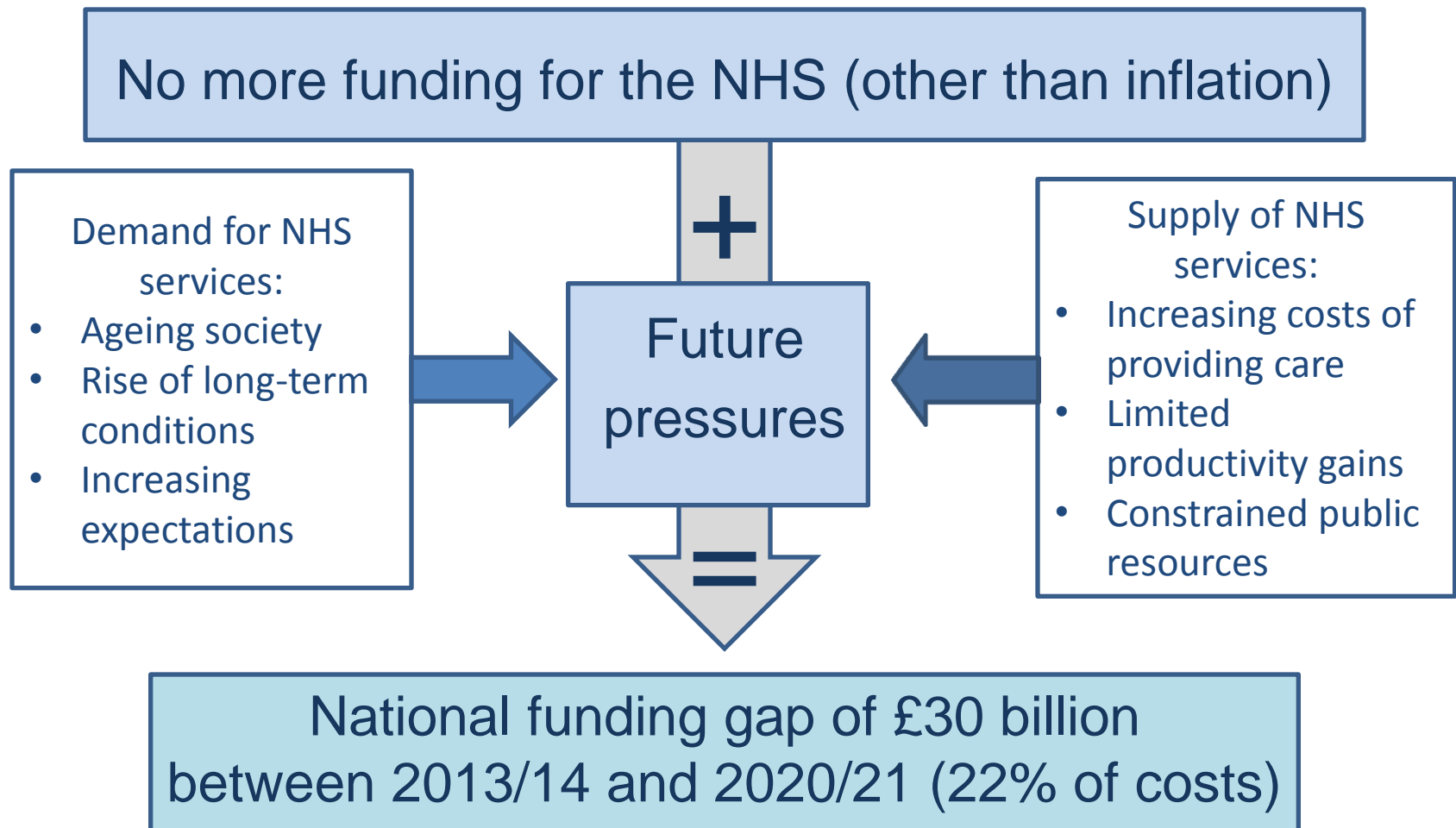
How do we assure the quality of our Providers (2)?

- Patient and Clinician Feedback
 - Quality Incident Reporting (QIRs)
 - Serious Incidents
 - Never Events
 - Complaints
- Visits and Ward walk-arounds

Our NHS... ...the national picture...

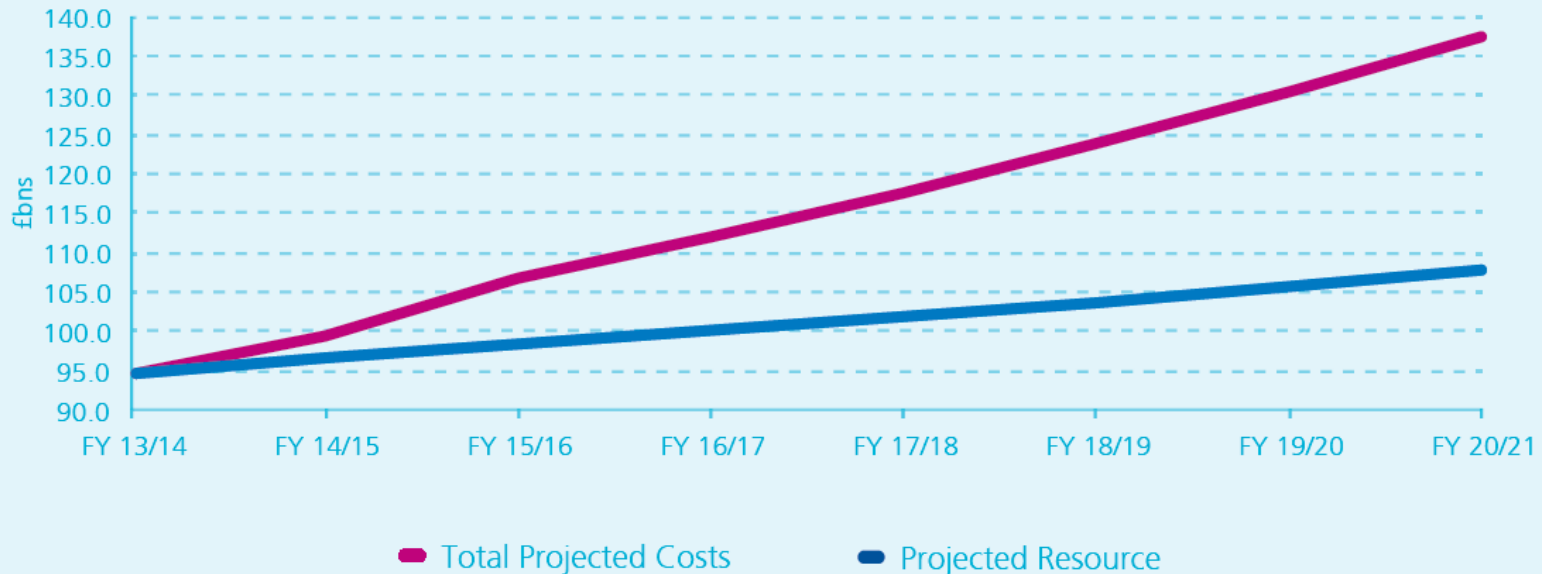


National funding picture



Future national picture - £30 billion gap

Projected resource vs. Projected spending requirements



Source: NHS England

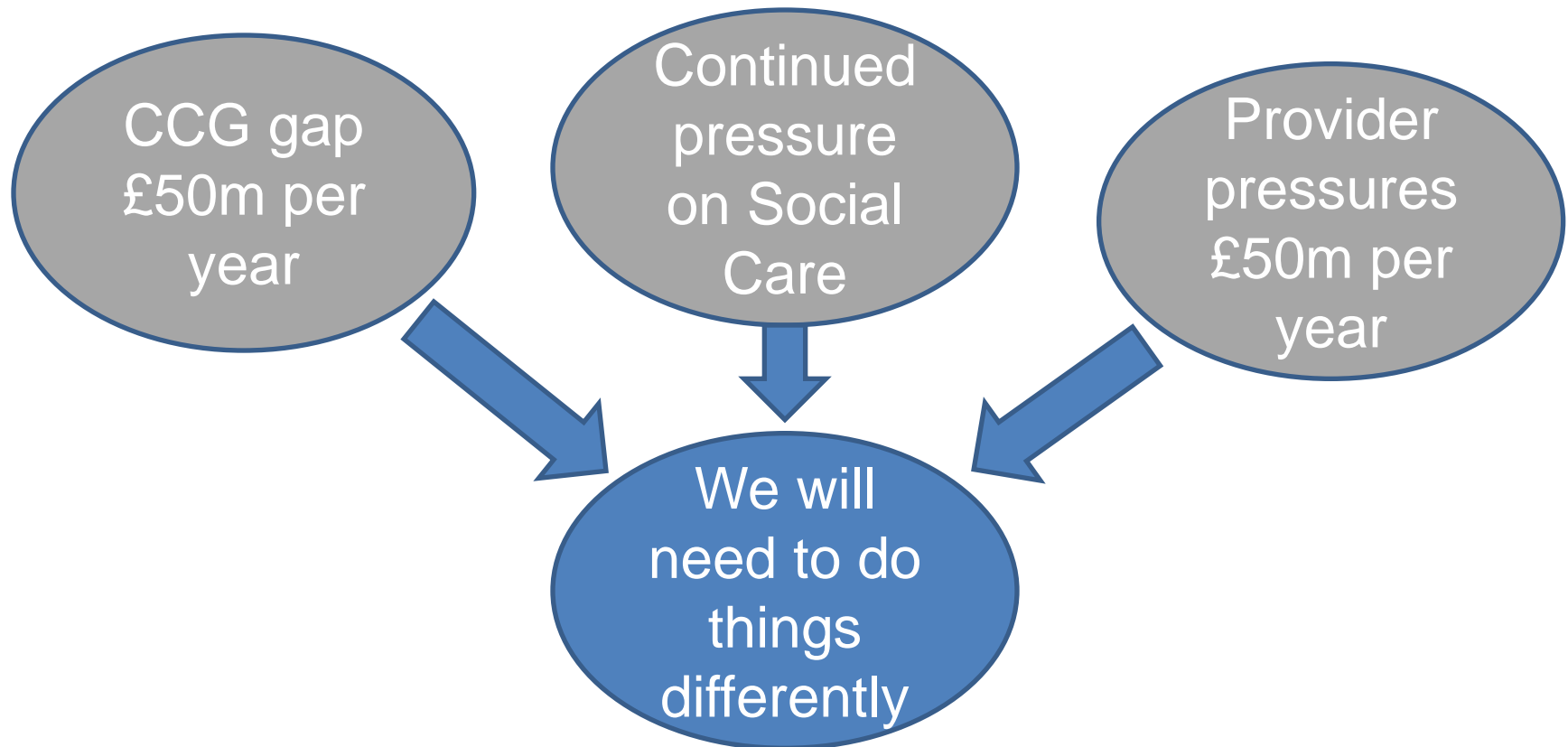
Taken from "The NHS belongs to the people – A Call to Action" published July 2013

‘Call to Action’

- NHS already implemented savings & productivity changes ... on track to deliver £20 billion efficiency savings by 2015
- More money going from NHS to Social Care
- “Call for Action” ... further changes needed
 - doing nothing is not an option
 - NHS funding to remain flat (adjusted for inflation)
 - Will not contemplate cutting or charging for core NHS services – maintain comprehensive service providing high quality healthcare, free at the point of need for everyone

Local funding picture – West Norfolk

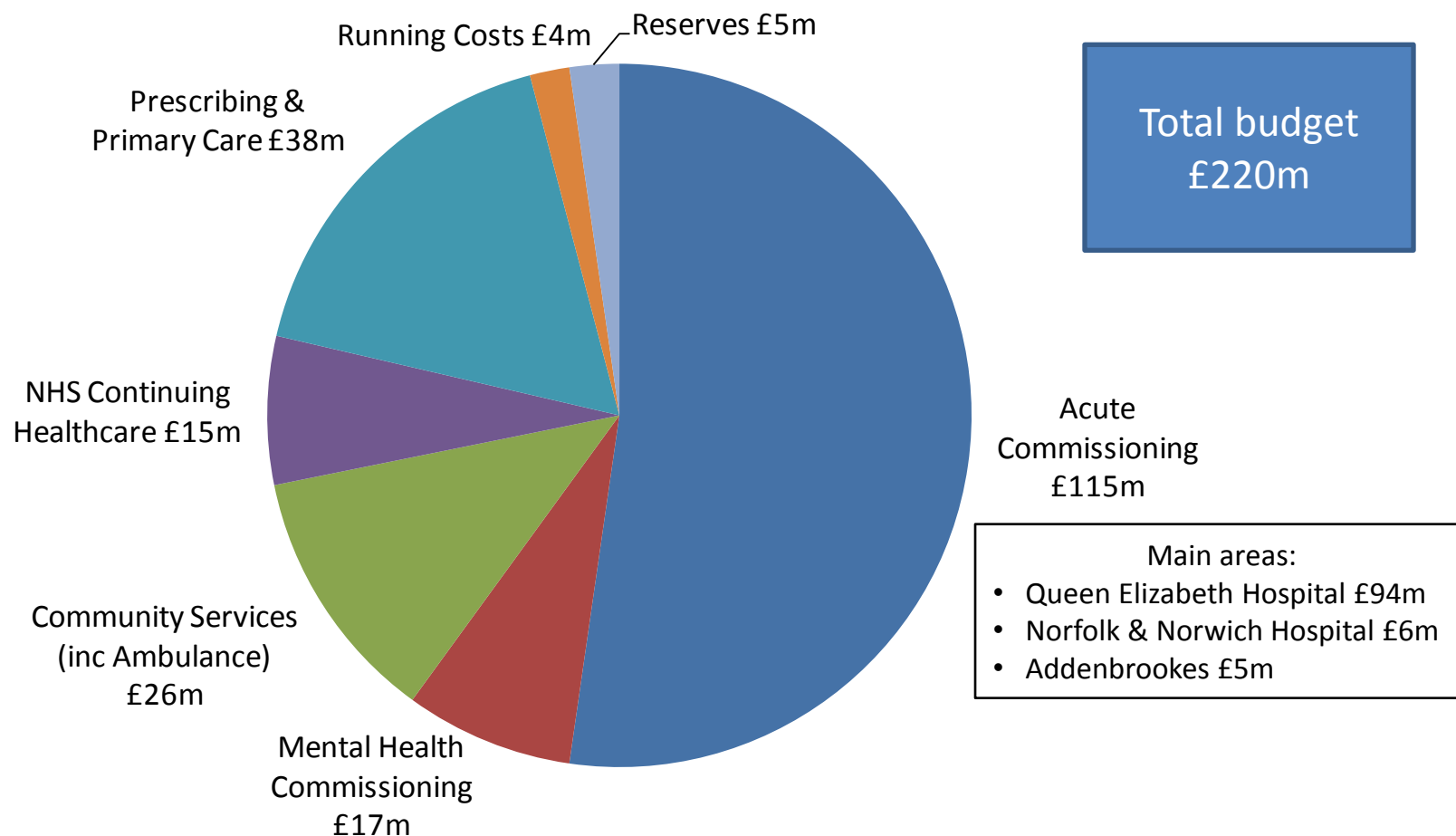
If the local situation mirrors the national picture, by 2020/21:



The West Norfolk Financial Challenge



West Norfolk CCG Budgets 2013/14

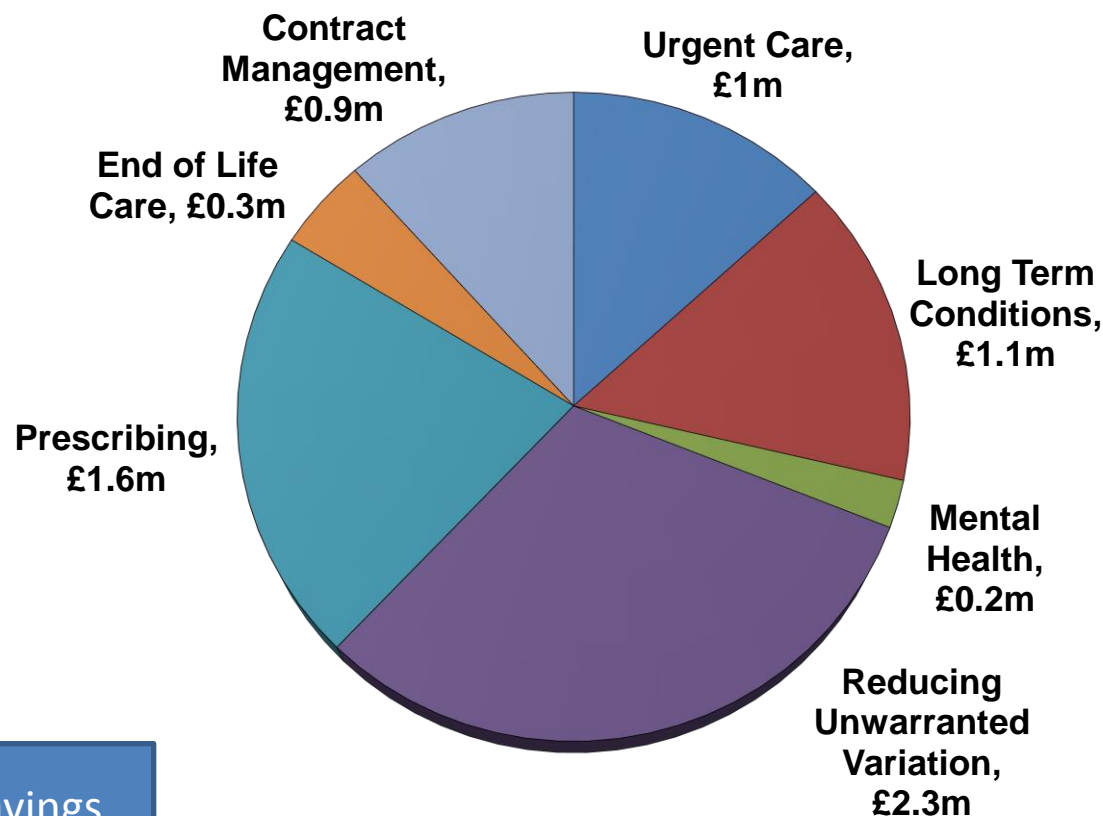


WNCCG Financial Gap 2013/14

Description	£m
Funding allocation 2013/14	212.7
Budgeted expenditure 2013/14	220.0
Financial gap 2013/14 = Savings target	7.3

Gap = 3.4% of
funding

How we are closing the gap...



Total savings target = £7.3m.

Achievements to date

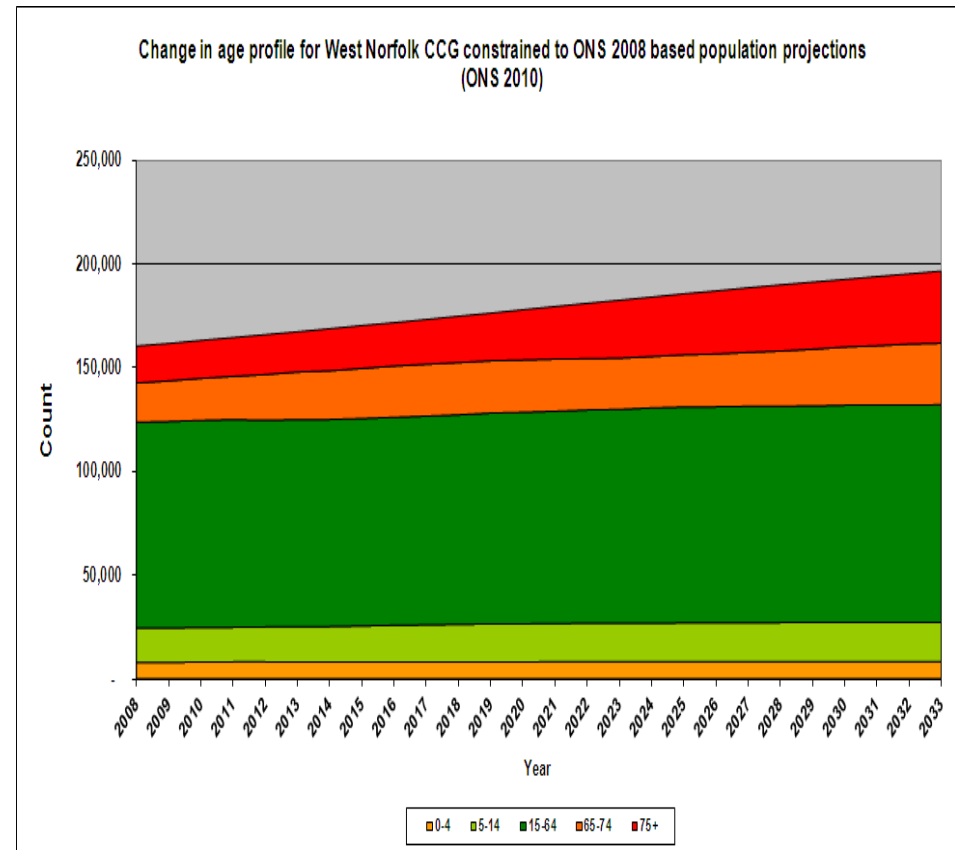
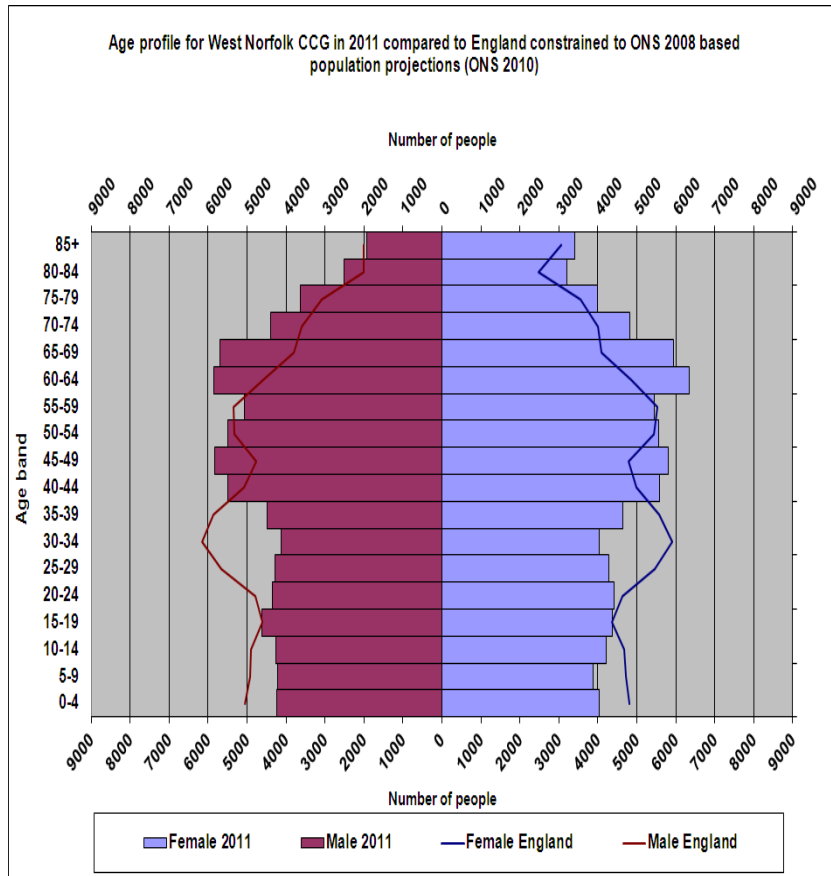
- Urgent Care - developed integrated services (e.g. community matrons, falls team)
 - Better for patients – avoids unnecessary hospital visits
 - Saves money for the CCG as less admissions
 - Helps hospital to manage urgent care pressures
- GP Prescribing – maintain quality & effectiveness at lower cost
 - Can mean changing some patients' medication

The West Norfolk Local Health Picture

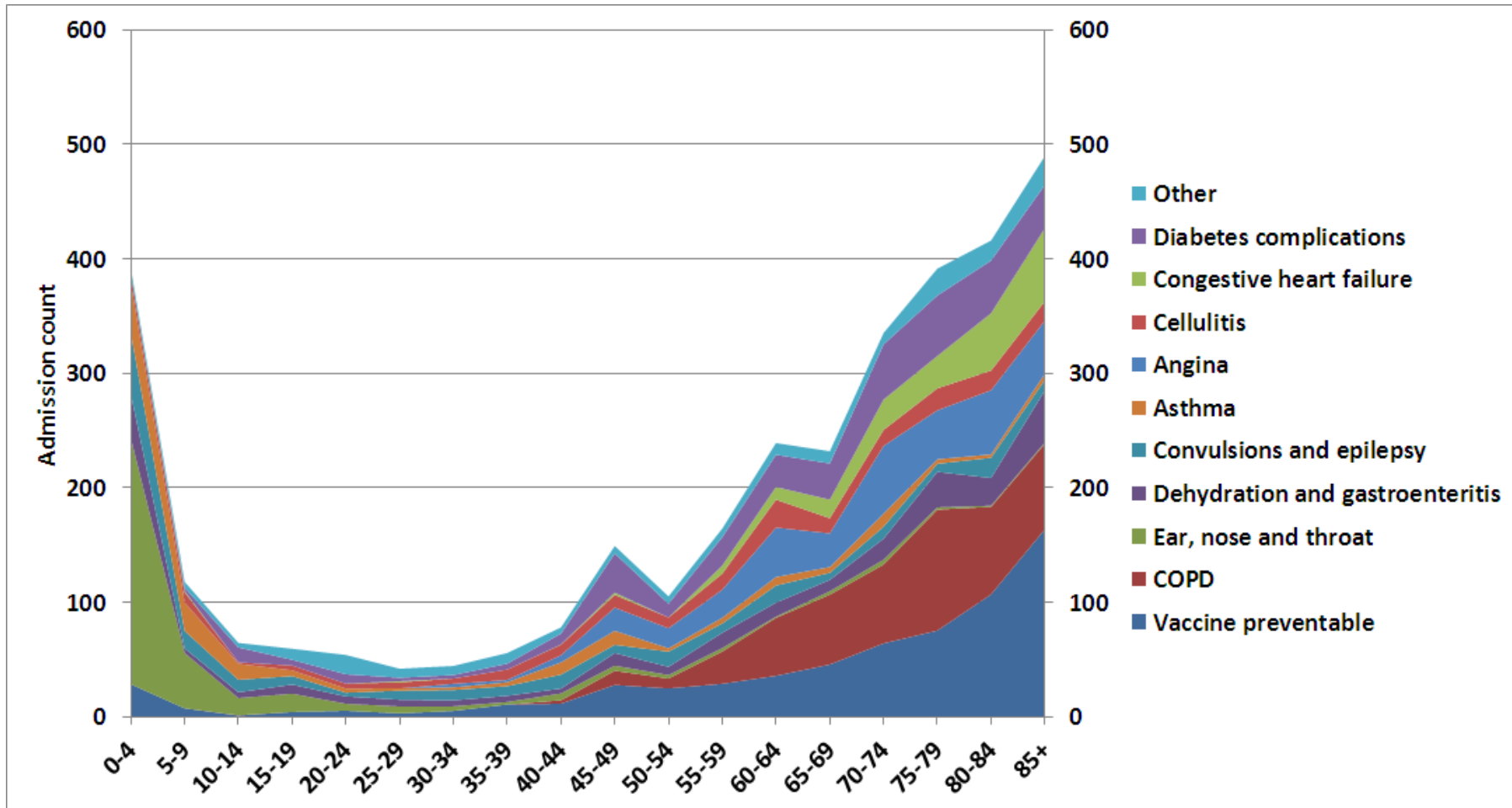
Sian Kendrick-Jones
Senior Public Health Officer



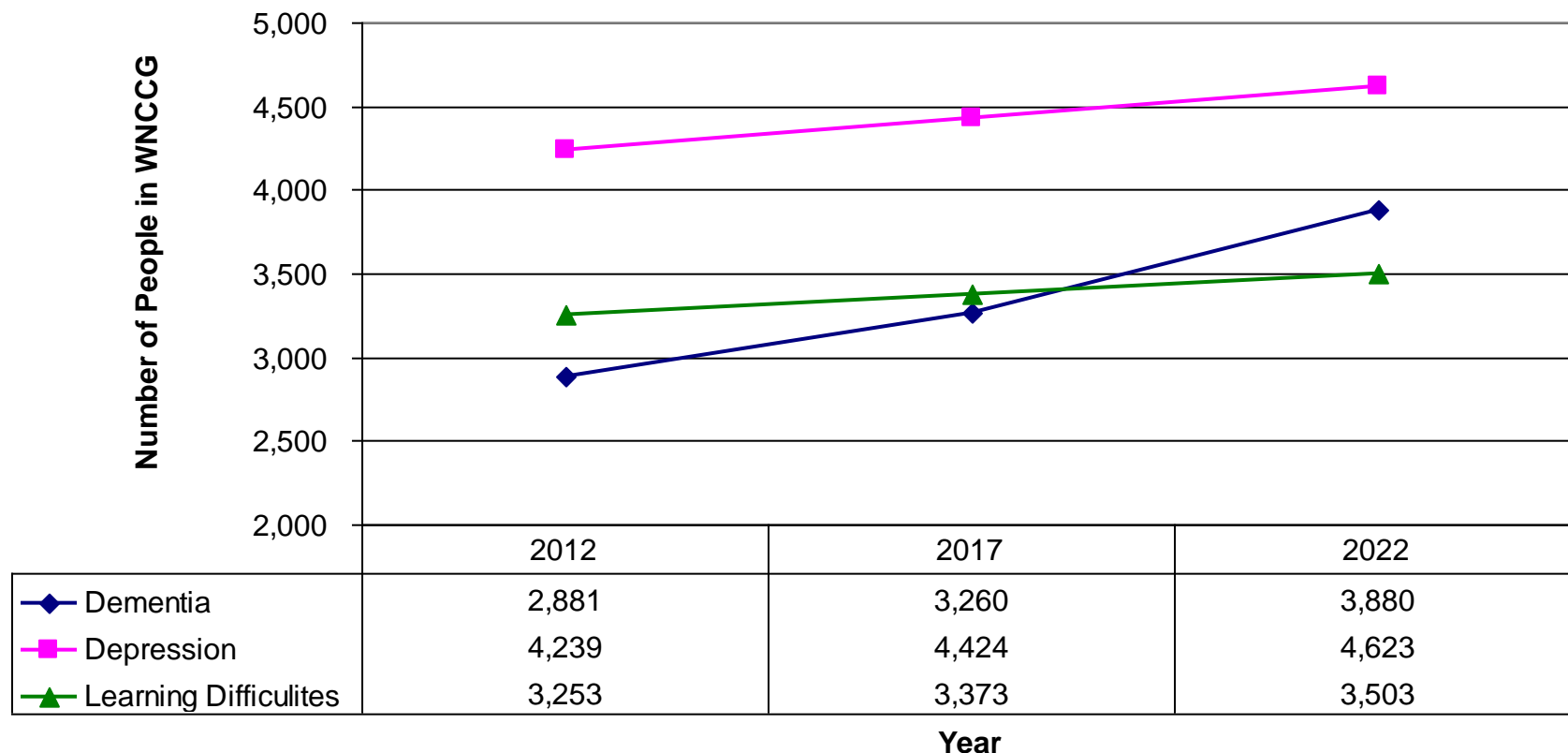
An ageing population



Emergency Admissions 2010/11 Dr Foster data



Dementia, Depression and Learning Difficulties projected population growth



**Estimated number with condition from West Norfolk CCG (Source: POPPI and PANSI 2009)*

WNCCG lifestyle factors

- **Smoking** – adults smoking increasing
- **Alcohol** – increasing alcohol related admissions to hospital (and highest in Norfolk)
- **Obesity** – comparatively high proportion of adults and children
- **Physically active children** – significantly lower proportion than Norfolk.
- Also higher rate of **diagnosis of diabetes** and trend of increasing rates of obesity in those with diabetes

Local Health Priorities

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- Lifestyle factors
 - Alcohol
 - Smoking
 - Physical activity
 - Obesity
- Life expectancy
- Diabetes
- Coronary Heart Disease
- High frail/older population
- Dementia
- Emergency admissions for
 - COPD
 - CHD
 - Ambulatory care sensitive conditions

Borough Council of
King's Lynn &
West Norfolk

Borough Council of
**King's Lynn &
West Norfolk**



Working together to improve health and well-being in West Norfolk

Ian Burbidge
Policy and Partnerships Manager



“How the other half lives”

West Norfolk Clinical Commissioning Group

Borough Council of
King's Lynn &
West Norfolk



A partnership strategy to improve quality of life in West Norfolk



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People in West Norfolk...

- lead safe and healthy lives
- live in a quality environment
- benefit from a growing economy
- maximise their potential
- live in thriving communities

What are the links between these outcomes and improved health and well-being?

People lead safe lives

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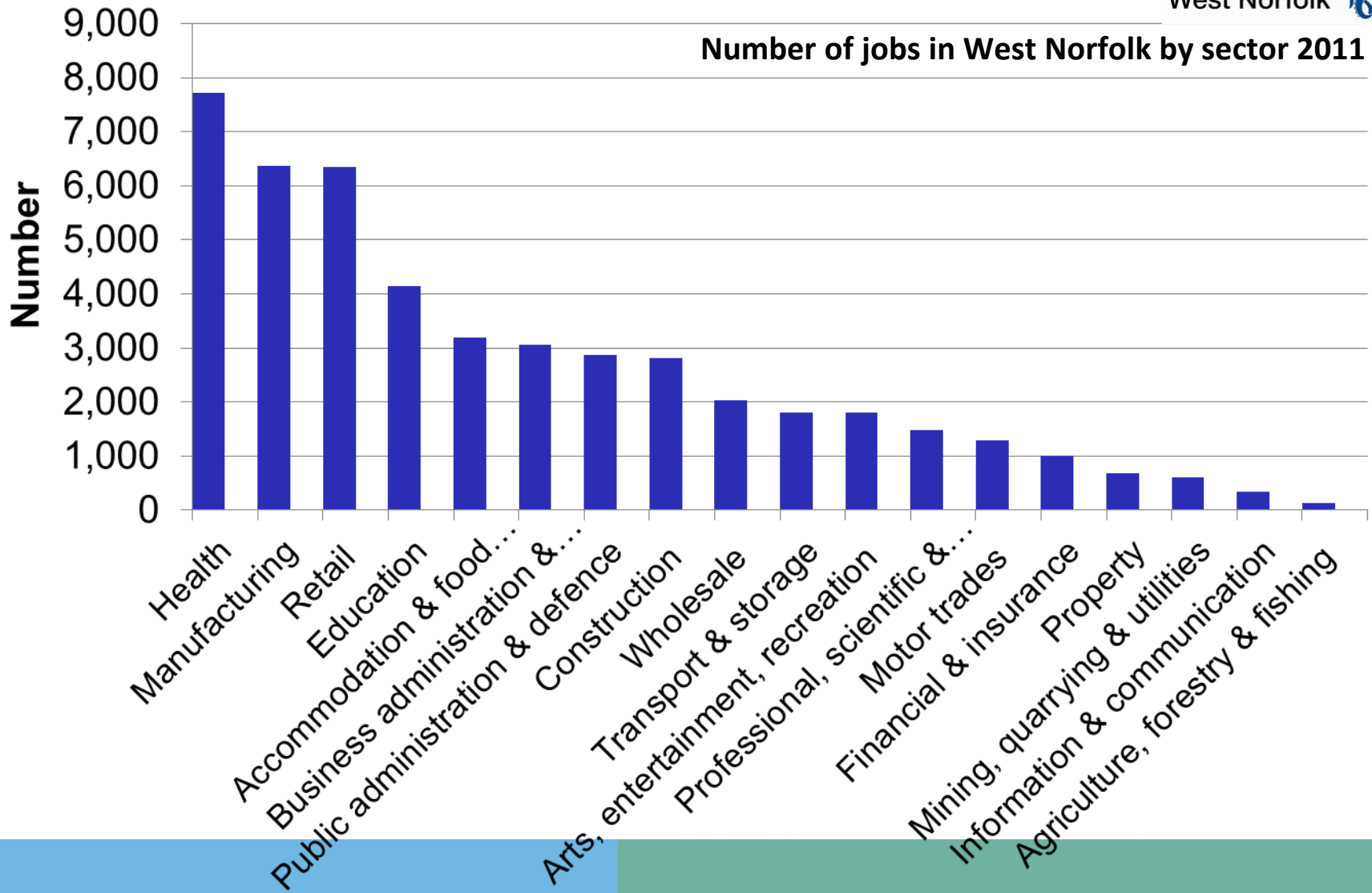
People live in a quality environment

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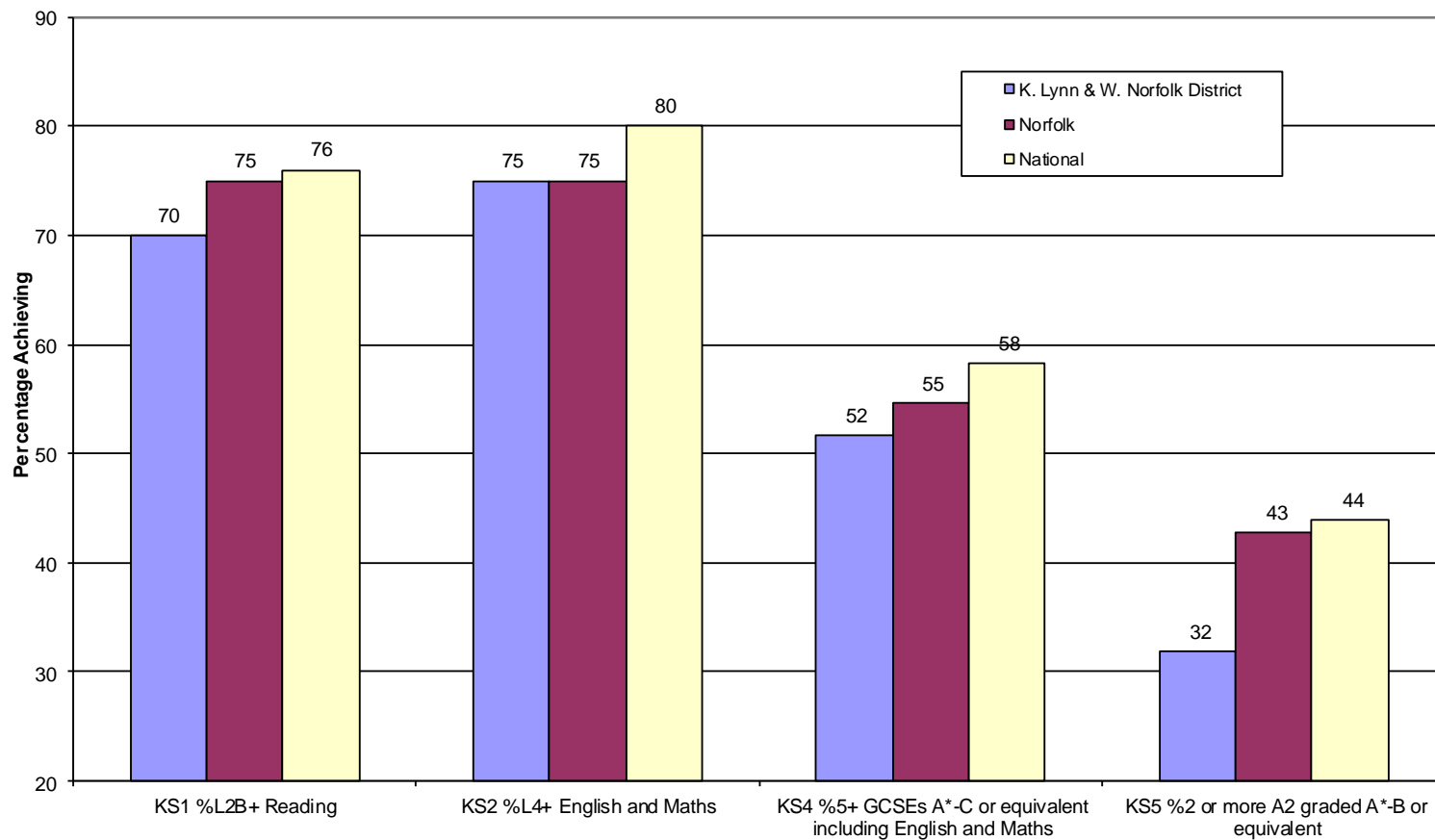


People benefit from a growing economy



People maximise their potential

Comparison by Key Stage - 2012
(Unvalidated data)



Key Stage Indicators

People live in thriving communities

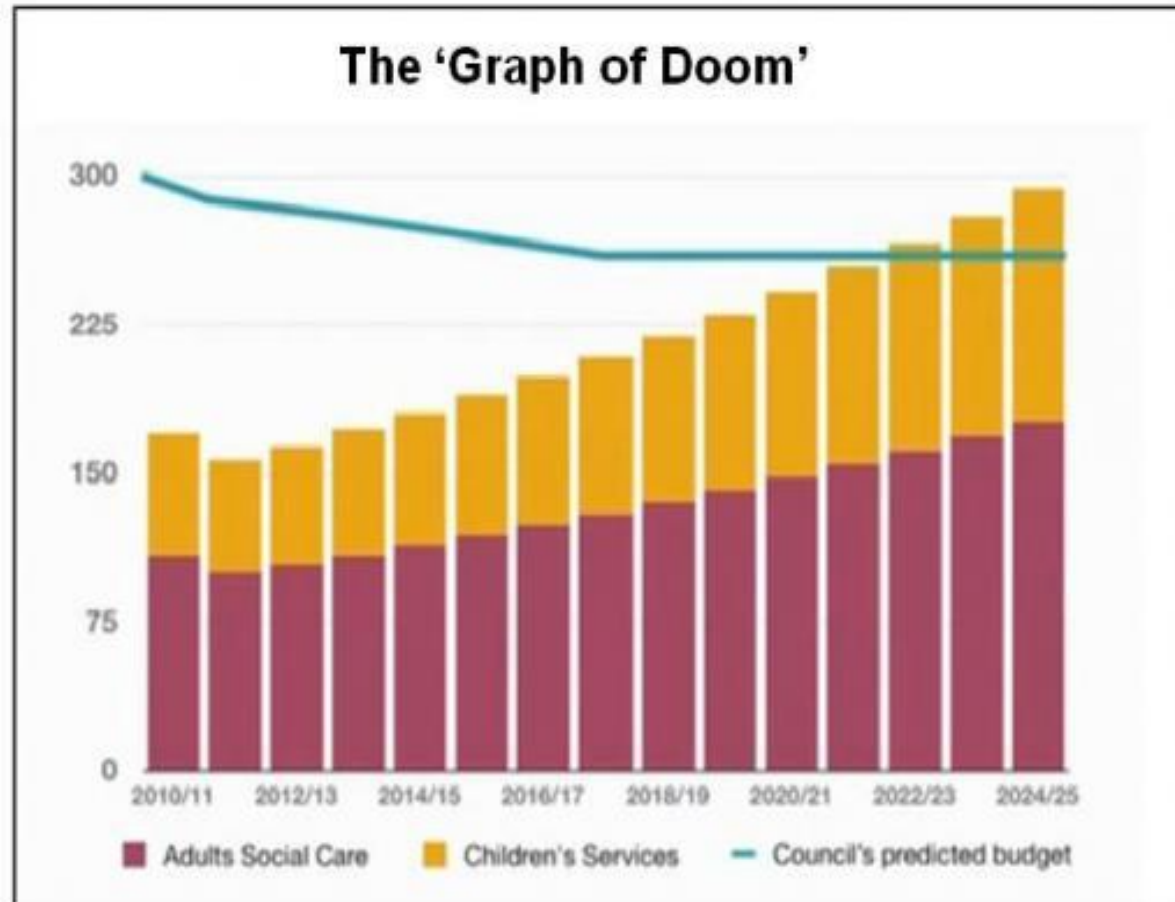


**Health starts where we live,
learn, work and play**

Resources

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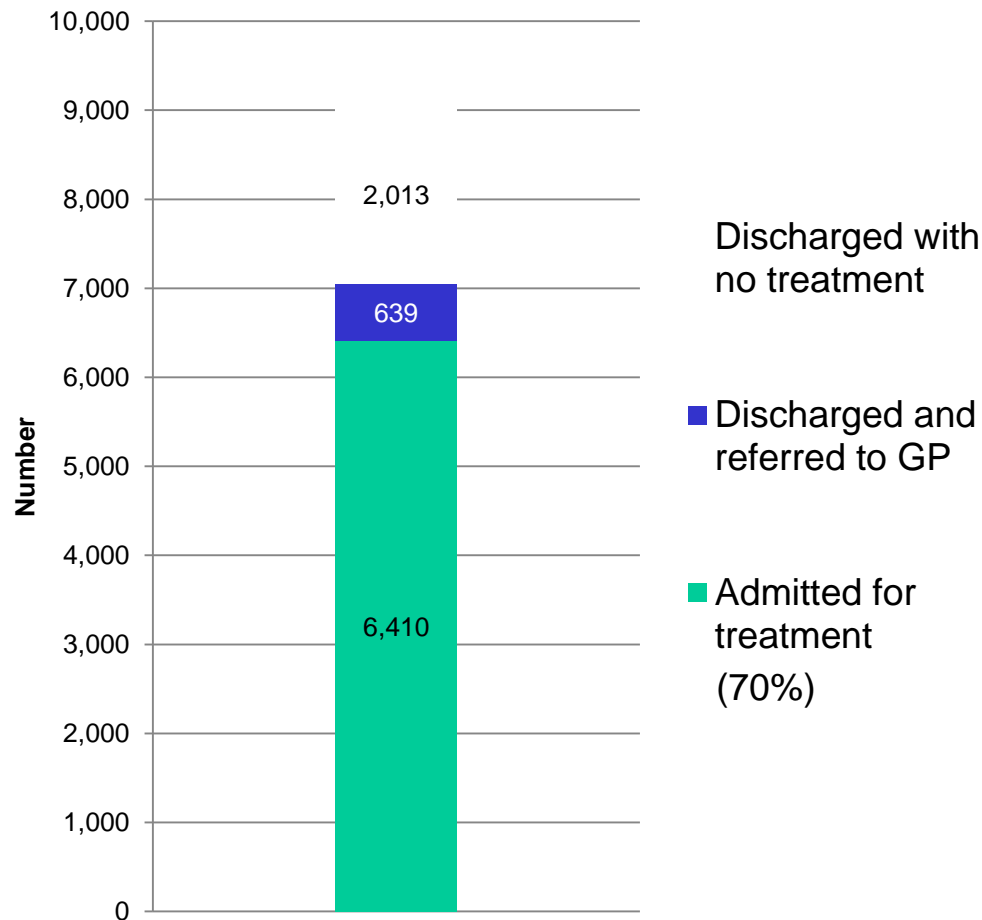
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Prevention

Over 65s Presenting at A&E



Avoidable Costs

£180,379

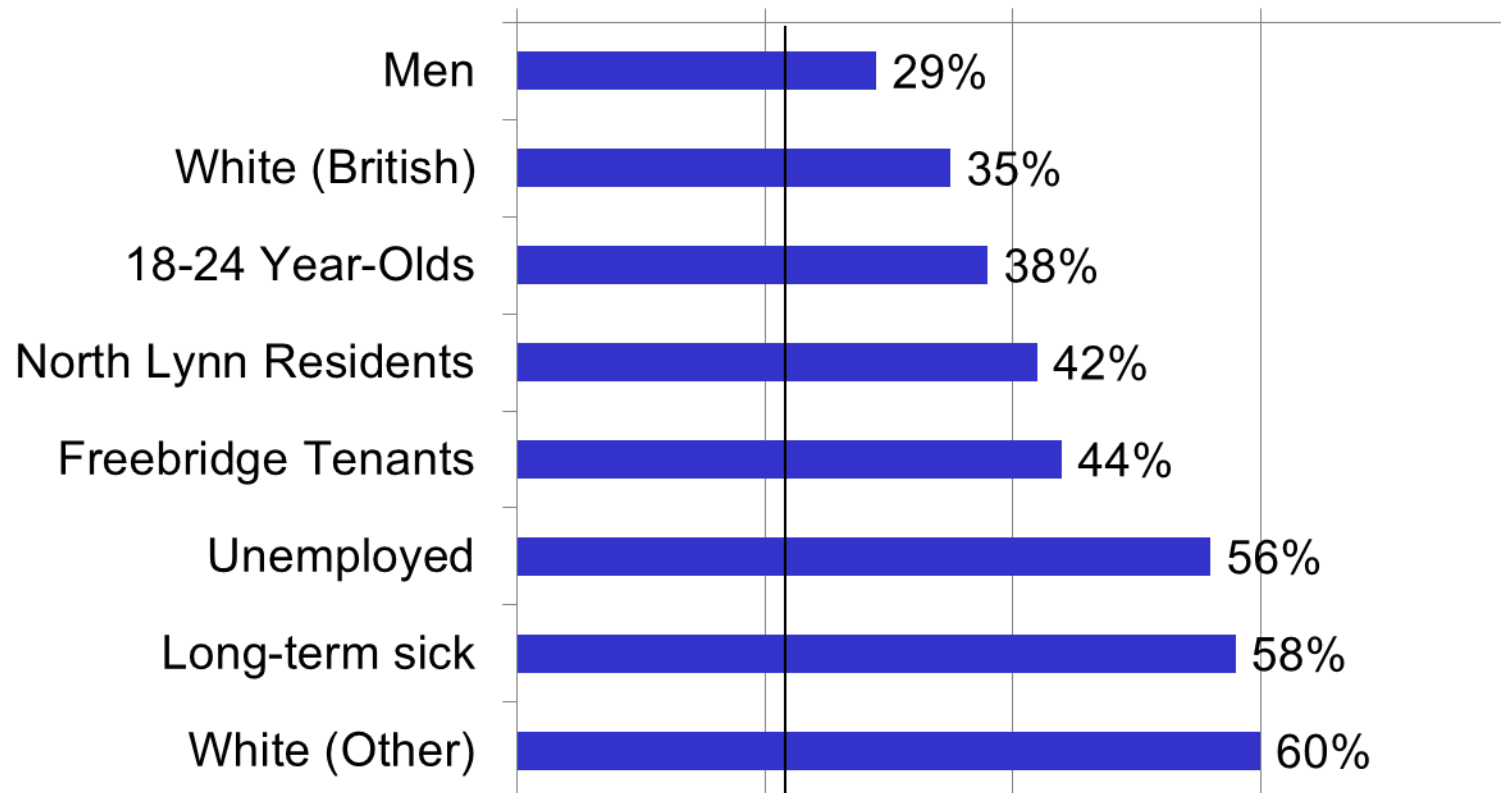
£54,595

£234,874

Targeting

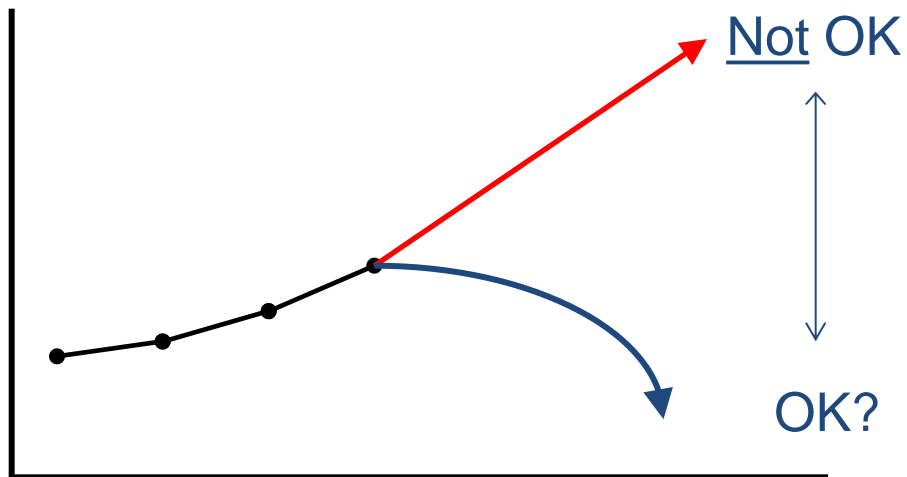


Smoking Rate



Turning the curve

Life Expectancy...



North Lynn 73.1 years

Inequality 11.2 years

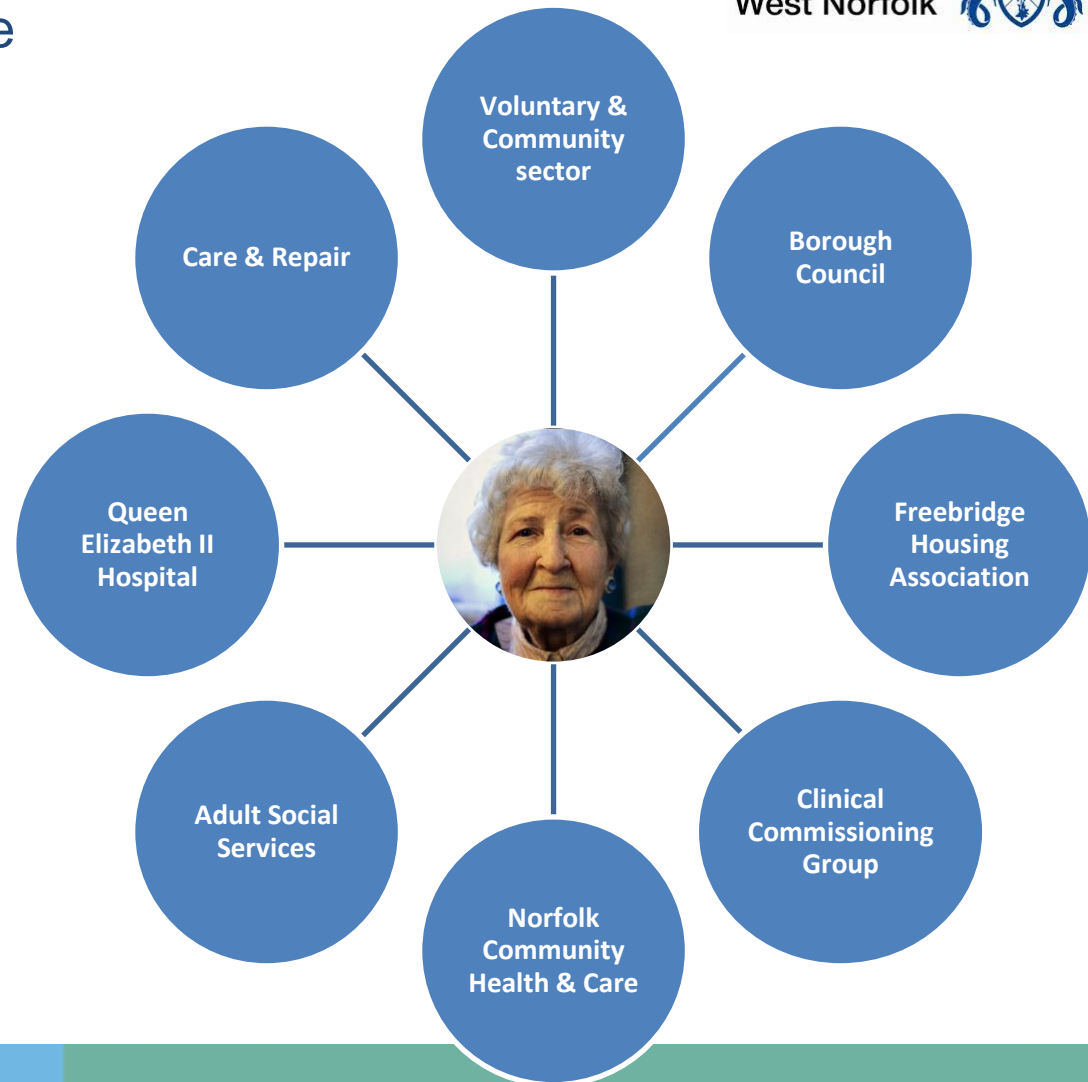
Gaywood 84.3 years



Integration

As part of our integrated care pilot local older people told us very clearly that they:

- wanted to tell their story once
- saw their GP practice as their single point of contact
- expected us to share information and be co-ordinated
- weren't concerned which organisation provided which service.



Better Information



POD

Plymouth Online Directory

My List 0

Borough Council of
King's Lynn &
West Norfolk



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options



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Money
matters



Carers



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employment



Advice and
information



Staying safe

Personal
Assistant
Finder

News

« Prev Pause Next »

Local Account 2011/2012

The Local Account sets out how well Adult Social Care in Plymouth is meeting peoples needs. It is a way for the Council to be transparent with local residents about what we do and the money spent on Adult Social Care services.

LOCAL ACCOUNT 2011/2012



GP

Dentist

Pharmacy

NHS
Information
Prescription

NHS
choices

Find and choose services

Partnership



Future

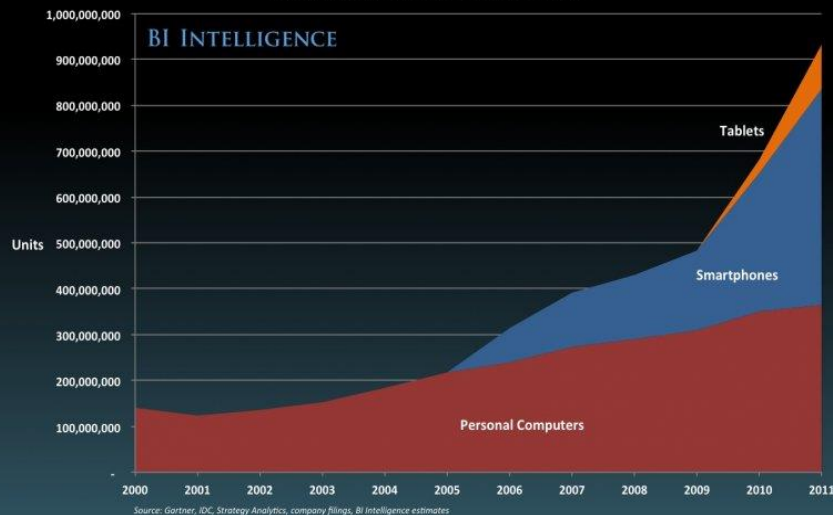


Daring Rocket Men to Invade the STRATOSPHERE ~ by ALFRED ALBELLI



Smartphone sales blew past PC sales

Global Internet Device Sales



Next Steps



Ian Burbidge

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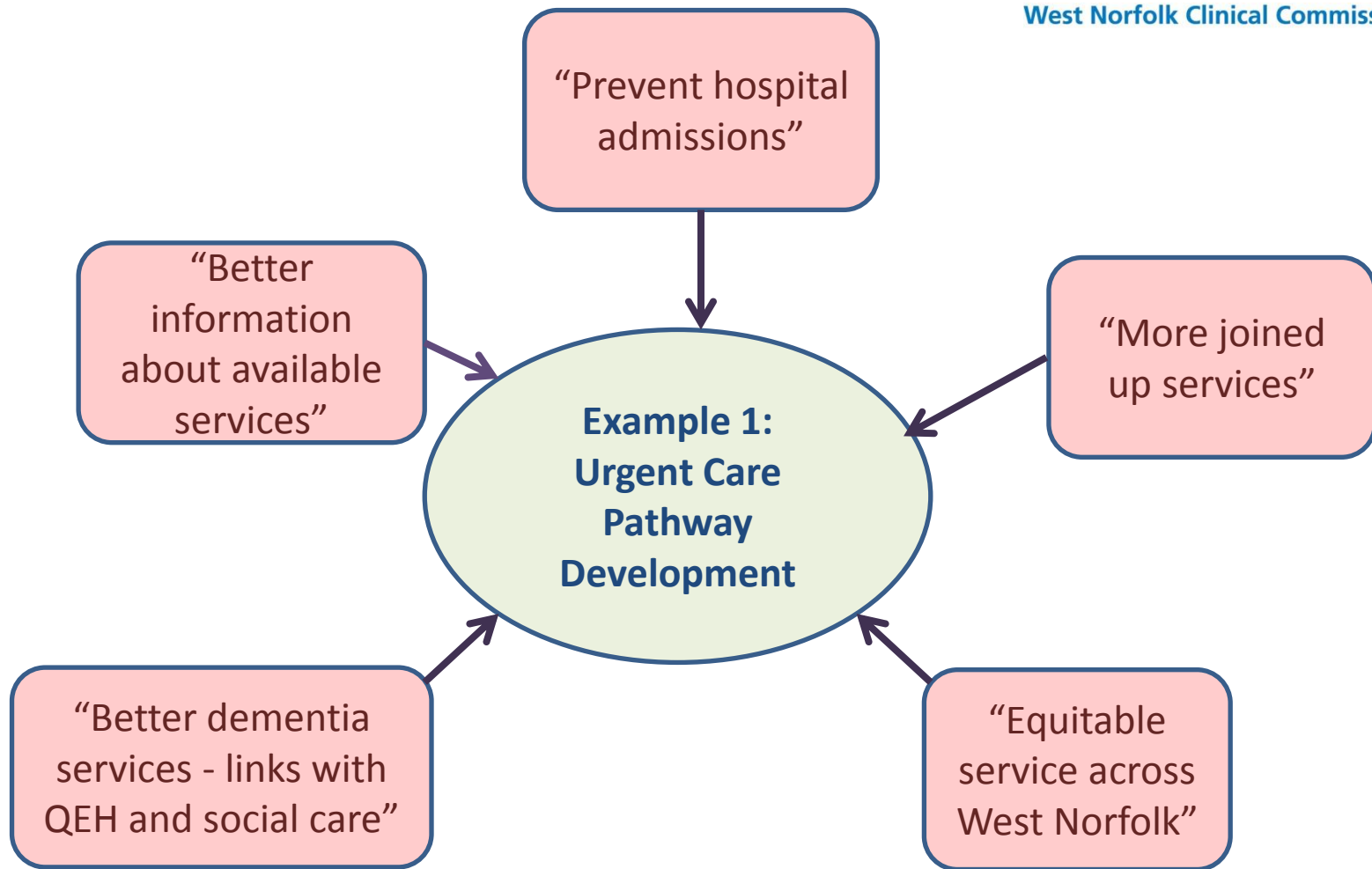
ian.burbidge@west-norfolk.gov.uk

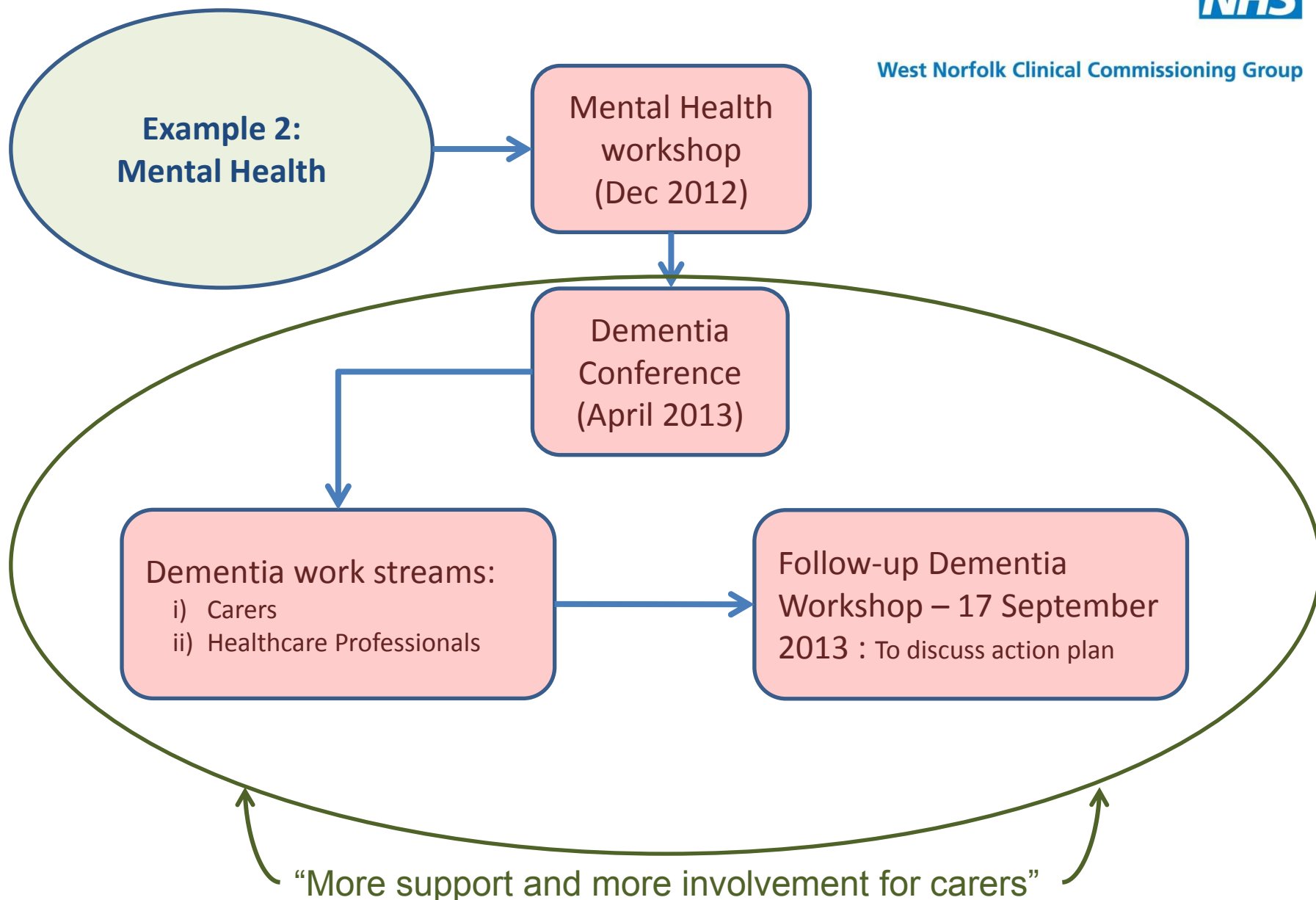
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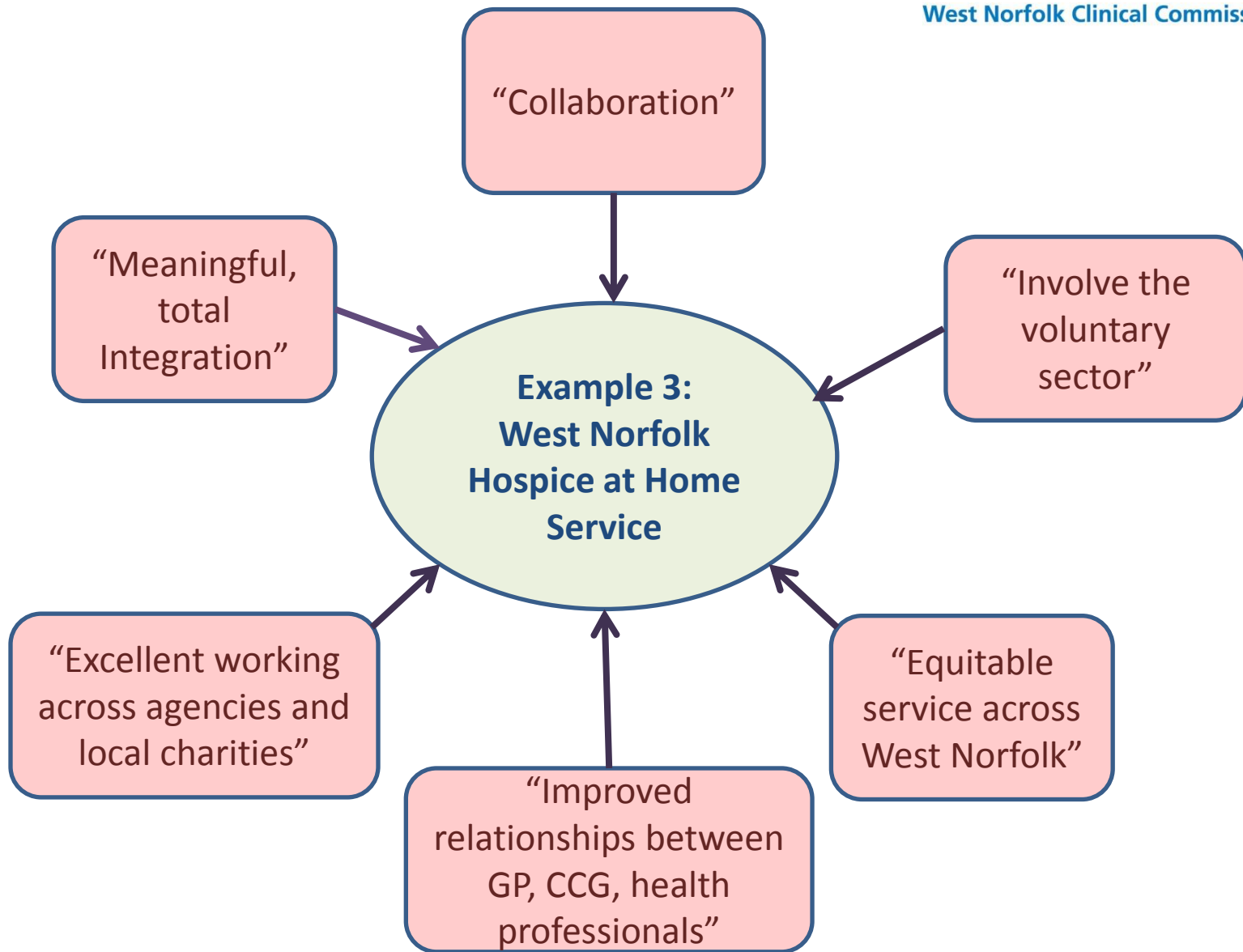
Listening to our Patients: last year you said.... we did.....

**Sue Crossman
Chief Officer**









How do we continue to improve patient experience and efficiency?

- Review the way we configure services and health/social care organisations
- We need to listen to patients about what works well and do more of it!

A patient's experience...



During the Break:

Your questions for the panel please...



Refreshment Break



West Norfolk Integrated Pioneer Programme

Sue Crossman
Chief Officer



Integrated Pioneer Programme

- Extending the Integrated Care Organisation (ICO) health and care teams to include district council, voluntary and independent partners
- Connecting older people with their communities, their specialist health and care services and their local care providers



Aims

West Norfolk Clinical Commissioning Group

- People have one care plan and we share information safely so that they don't have to navigate their way through our services.
- People have easy access to their key professional
- We never duplicate services and professional input/contact with individuals
- We have maximum flexibility about roles and organisational boundaries.

Pioneer Programme Principles:

- Patient / citizen voice central, through local steering groups and older people's forums
- Promotion of independence, choice and quality of life for individuals
- Support informal/ voluntary care systems in local communities wherever possible

How will it work?

- Volunteers and home care staff will be trained to set up simple care packages without complex assessment and cross-referrals
- Data will be shared safely, with consent
- Budgets will be pooled or transferred
- We are all committed at the highest level to the removal of barriers that stand in the way of achieving our objectives

An example:

West Norfolk Hospice at Home Service

Collaboration between health and social care, providing an enhancement of an existing service to provide more patient choice and better continuity of care.

Partnership working between :

- West Norfolk CCG
- Norfolk Community Health & Care
- Marie Curie
- Norfolk Hospice Tapping House

- Support for Community Nursing Teams through Specialist Nurse assessment and symptom management
- Telephone support to professionals, patients, families and carers
- Planned care from a Health Care Assistant during day time hours
- Rapid response to prevent hospital admission or carer breakdown
- Night time hands on care and support from Marie Curie Health Care Assistants

Table Top Discussion (2):

What else could we do to improve the integration of services?



Panel Session: Your Questions Answered



Summary and Next Steps



**Thank you for listening,
and for your participation**

