West Norfolk Clinical Commissioning Group

Accountable Officer's Report

Community Engagement Forum

15th January 2019

Summary

West Norfolk Clinical Commissioning Group

- To brief the Community Engagement Forum on:
  - The commissioning arrangements being established within the STP;
  - West Norfolk Local Delivery Group;
  - CCG Update

Creating a Single Management Team

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- The five CCG Governing Bodies approved a proposal to appoint a single Accountable Officer and create one 'joint executive team' structure for Norfolk and Waveney.
- Phase 1 - to appoint a single **Accountable Officer** and a single **Chief Finance Officer** covering all five Norfolk and Waveney CCGs. The single AO will also be the STP Executive Lead.
- Phase 2 – to establish a single integrated **Joint Executive Team**.
- Phase 3 - the implementation of a single integrated **Joint Staff Team** across the 5 CCGs. If the above phases are completed to schedule, this would imply work to identify the new team structures would commence in July and the final structure in place by December 2019.

Creating a Single Management Team

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- The CCGs will remain statutory bodies with their own identities and local focus. Governing Bodies have also made clear there must be senior executive staff within each CCG whose role will be to ensure local clinical commissioning remains the cornerstone of our work.
- Allows the five CCGs to provide greater coherence, consistency and efficiency whilst also focusing on the priorities of the five Norfolk and Waveney localities.
- The CCGs also already work ‘as one’ via the Joint Strategic Commissioning Committee, where it makes more sense to make one decision rather than five when appropriate.

West Norfolk Local Delivery Group

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- West Norfolk Alliance
- identify **local priorities** in the short, medium and long term that all partners will agree and sign up to
- Determine **service need** on the local geographical footprint to improve health and wellbeing of the local population.
- Address the issues that have previously hindered closer system wide working to **develop collaborative relationships** across organisations and different health and social care settings to improve service delivery.

Working together as a single system

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In West Norfolk we will **work together** to:

- Do the basic things well
- Create a culture of trust with open, collaborative and innovative working across the system
- Ensure we focus on high value care that delivers the best outcomes for patients with the resources available.
- Invest in services that deliver the outcomes that matter and reduce activities that do not
- Make the West Norfolk healthcare system a good place to work
- Provide high value care through effective communication between organisations and individuals that is supported by system wide pathways and care plans

Working together as a single system

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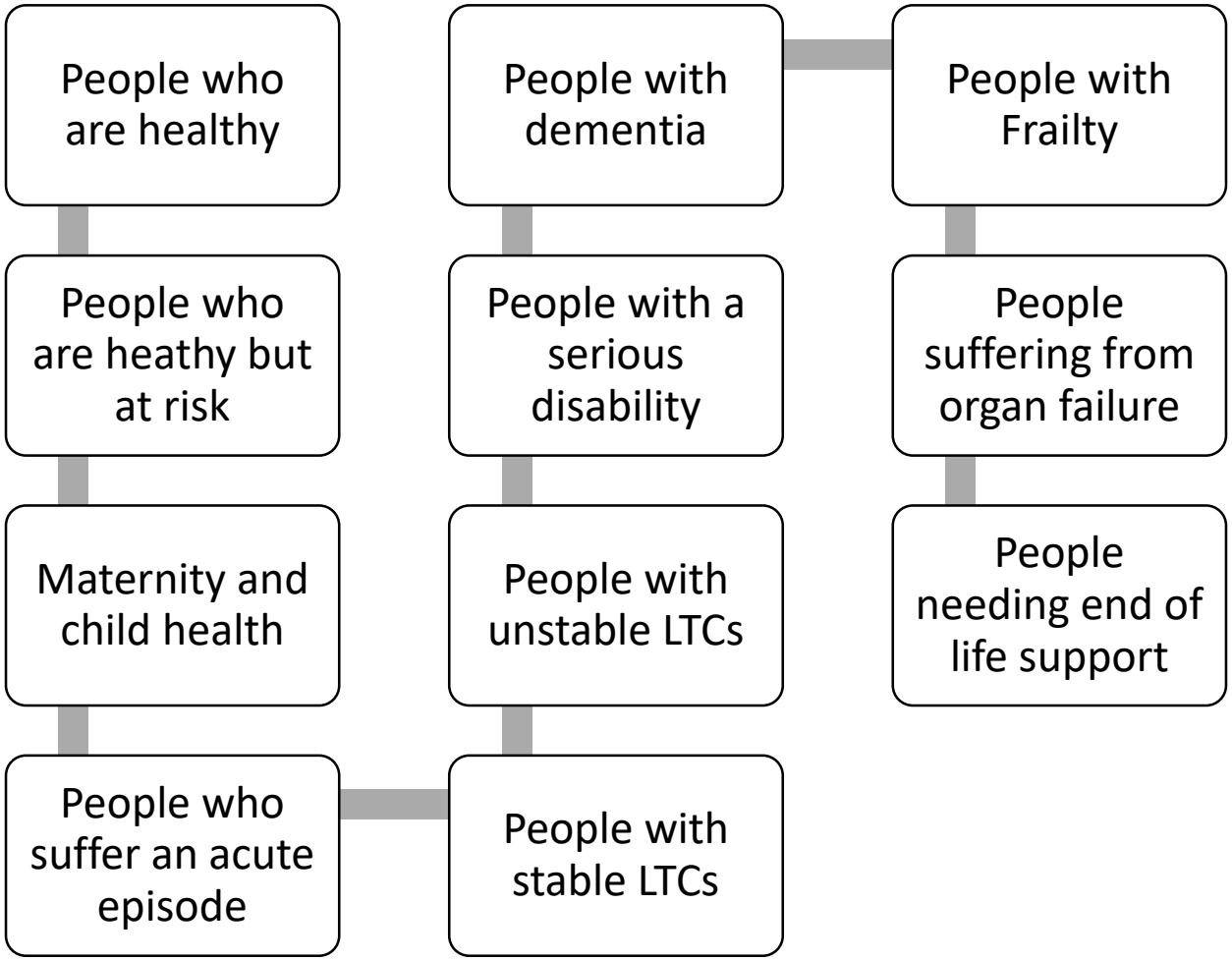
In working together we aim to:

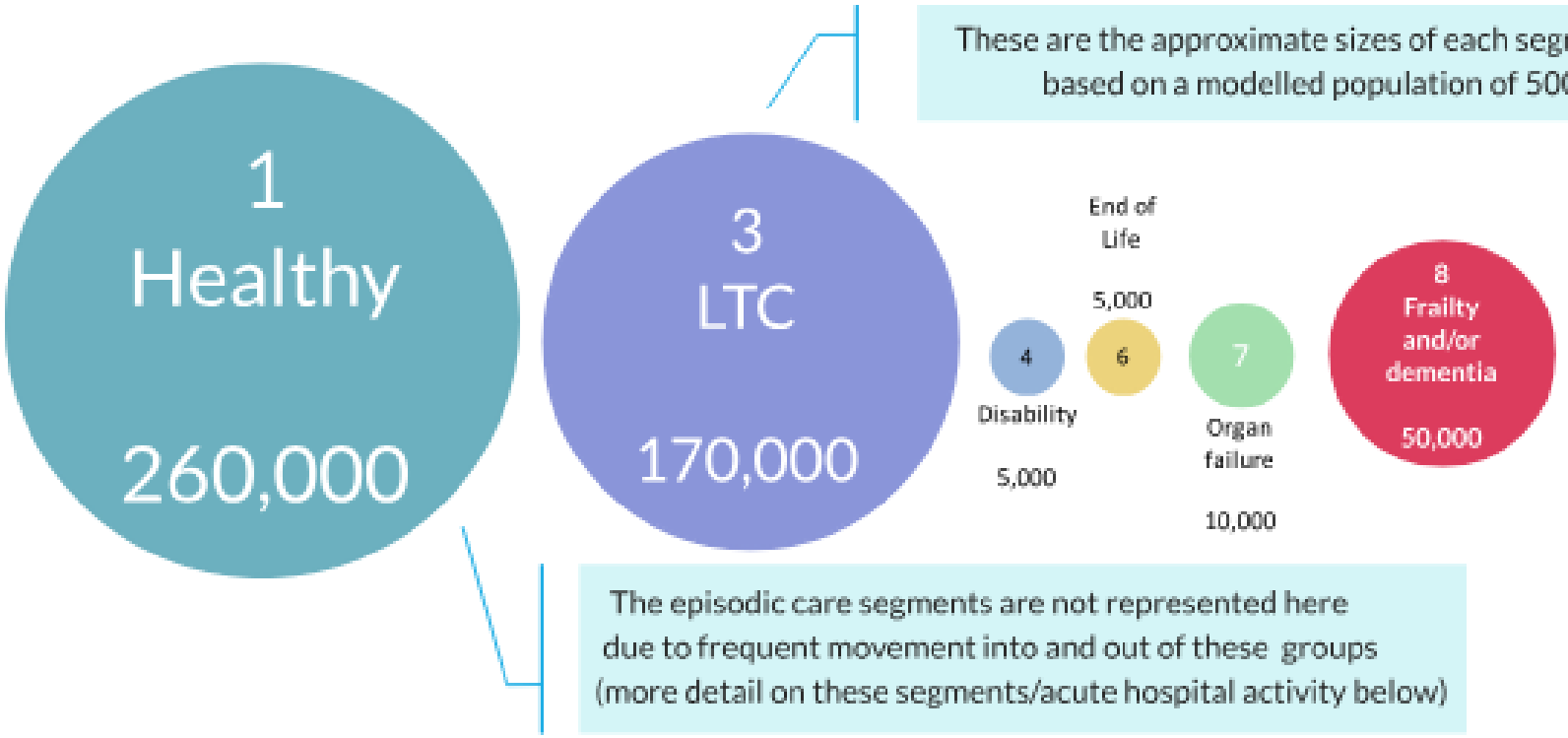
- Help people to live well through focusing on both their mental and physical health
- Empower people to have greater awareness, knowledge and resilience
- Support people to move through the system easily
- Understand people's preferences and needs as individuals, dependants and carers
- Commissioning needs to be more about people/need and less about services

West Norfolk Population Segments



Based on: Using population segmentation to provide better health care for all: The "Bridges to Health" Model.

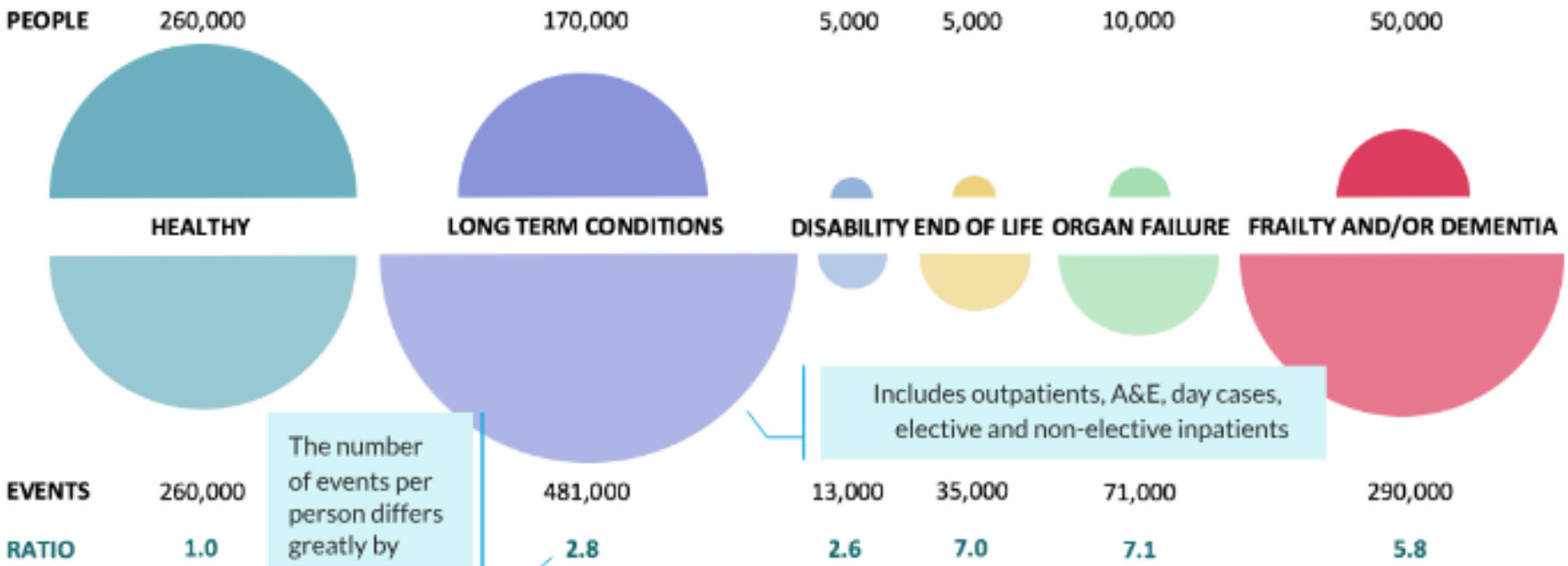
How many people are in each segment?



These are the approximate sizes of each segment, based on a modelled population of 500,000

The episodic care segments are not represented here due to frequent movement into and out of these groups (more detail on these segments/acute hospital activity below)

How much do people in each segment go to hospital?



People with long-term condition

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People with a chronic condition that cannot at present be cured; but can be controlled by medication, therapies and lifestyle changes.

- This includes:
  - standard long term conditions (asthma, COPD, CHD diabetes arthritis, osteoporosis)
  - Cancer that are chronic in nature
  - Mental health conditions that are chronic in nature
  - People with persistent pain

People with Stable LTCs

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Key Outcomes

Patients and carers are knowledgeable about their conditions, options, prognosis and risks

Patients are activated to monitor, manage and adapt their conditions and lives that reflect informed decisions based on the preferences

The impact on their lives as individuals, dependants or carers is minimised

Key Principles of high value care

- Early diagnosis
- Generalist workforce supported through continual education and support from specialist teams
- Regular and effective monitoring
- Holistic reviews that are at appropriate intervals to meet the needs and goals of the patient
- Access to appropriate support led by the needs of activated patients:
  - Information, education and self-care support
  - Psychological support
  - Clinical support
  - Patient led support
  - Coaching and care planning support
- Goal based patient centred care planning with a system wide single care plan
- System navigation and 'prescribing' across health and social support systems.

People with Unstable LTCs

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Key Outcomes

Patients who are unstable are supported to return to stable management as quickly as possible

Key Principles of high value care

- Early identification through risk stratification to find those who are not engaged with the system as well as those that are.
- Patient centred care plan to stabilise that has both mental and physical multidisciplinary support:
  - Information, education and self-care support
  - Psychological support
  - Clinical support
  - Patient led support
  - Coaching and care planning support
- Use of virtual MD reviews to enable care planning across professions
- Care planning that reflects the lives of the individual and roles as carer or dependant.

Our population

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- Using the *Eclipse* system to make relevant observations about our population
- Identifying opportunities to change the ways in which care is provided
- Identifying “rising risk” rather than reacting through traditional services - may be too late
- All agencies working together
- Potential to shift to new contracting models – away from PbR to capitation-based budgets

A year ago….

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- As reported at the Governing Body detailed work over the last couple of months has confirmed a significant deterioration in the CCGs financial position (net risk to plan c£10m);
- This was caused in large part by a number of non-recurrent items relating to 2016/17 that were not properly planned for in 2017/18;
- A formal escalation meeting was held with the Regional Director of NHS England on 10th January that confirmed:
  - The 2018/19 plan is under-developed and requires urgent work;
  - The CCG needs to confirm the detailed proposals that will return the CCG to a balanced financial position;
  - This will mean the CCG looking at the full range of it's spend to identify mitigations in the short term. This will include mitigation non-elective admissions which are growing at an unacceptable rate (c£5m over performance on acute contracts).

Forecast for end of this year

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- Detailed plans to recover the position shared with NHS England
- Close monitoring and assurance from NHSE and CCG Governing Body
- Good progress acknowledged, but much still to do
- Expect to achieve in full our financial requirements this year and exit special measures
- Important for the sustainability of the west Norfolk system