

Subject:	Local Delivery Group Update (LDG)
Presented by:	Paul Williams – Chair of LDG
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Submitted to:	NHS West Norfolk CCG Governing Body 1 August 2019
Purpose of Paper:	For information and discussion

This paper provides an update on the work of the Local Delivery group from April 2019 to July 2019.

The purpose of the Local Delivery Group is to implement and monitor local delivery of transformational service initiatives identified by the STP Programme including but not limited to new models of care and high impact actions, tailored to meet local patient need, in line with the General Practice Forward View. The LDG reports to the WNCCG Governing Body on its work. Its membership is drawn from health, council, voluntary sector and other partner organisations working within West Norfolk who can contribute towards development of new models of care within the locality.

The group is evolving and exploring its areas of focus. The Terms of Reference have been reviewed over two meetings and agreed, they were then approved by the Governing Body in May 2019.

April 2019

Population Health Management - A presentation was given describing how West Norfolk were using the model, approved governance is in place and the CCG were developing a multi-disciplinary approach with system partners.

Primary Care Network Profiles – Work was taking place on nationally available data to inform Primary Care Network (PCN) profiles. A Primary Care Strategy for Norfolk and Waveney was in development and would include PCN profiles.

West Norfolk Health Update – An update was provided on the development of the four localities in West Norfolk and the LDG discussed how they might engage with those localities.

Living Well Progress and Social Work Developments – A presentation was circulated and NCC commented that adult social work teams were now aligned to GP clusters.

Early Help Update – A hub coordinator is coming in to post shortly, the group discussed how connections can be made between partners.

NEAT Update - The group were updated on the admissions which had been avoided through the service. Recommendations were made on next steps to roll the service out further.

May 2019

Primary Care Strategy – The Group received a presentation on the development of the Primary Care Strategy which is due for submission in June. This was a wide ranging discussion over the course of the meeting. Consideration was given to the use of population health management and risk stratification in general with an update being given on the work to date to implement this. The group considered the workforce issues in the system currently and how they relate to the delivery of the strategy. A request was

made to ensure mental health patients were integrated into the work that resulted from the strategy. Members expressed frustration that so much of the system is reactive and unable to do preventative work. Comments were made about freedom to step outside of commissioned services and that PCNs be allowed to shape their own networks. The appropriate level of leadership from the LDG was requested to allow for senior decision making. It was noted that the group needed to be a body of action rather than discussion. The need to look at the resources aligned to the development and support for the PCNs was important for the new CCG Locality Director.

June 2019

Living Well Update – The approach works on the three conversations model enabling patients to solve their own problems. Feedback has been received and the model is being refined to be more sustainable.

Healthy Lifestyle Review – An update was given on the Public Health work on adult healthy lifestyles. Different approaches to the work and recognised good practice was discussed including training the existing workforce with a recognition that it could be seen as a shift of workload from Public Health to Community. The link between this work and the Primary Care Strategy was noted. The group discussed the existing work of partners around the table which contributed to this.

Health Child Programme – The Group received a presentation on the programme and most particularly the telephone service available to both parents and children. The difficulties in delays with receiving diagnosis for neurodevelopmental disordered patients was discussed as was the split between acute and community services. Concern was raised regarding the lack of children's mental health services.

System Leadership Update – The connections, constraints and drivers that exist in the current system were explored and the importance of the LDG optimising initiatives that will improve the health of the West Norfolk population was agreed.

Workforce Work stream Update – This was a work stream with a very heavy workload and the Group were updated on all of the initiatives that it is currently working on. Many of these are primary care GP options but also include supporting social prescribing.

July 2019

CCG Roundup – The Group were updated on primary care workforce progression, online consultations and PCN development. 12 West Norfolk practices have opted to be early adopters of online consultations and the system will go live in October 2019. PCN structures had been finalised with community providers being asked to arrange their services around the PCNs from next year.

West Norfolk Health Update – West Norfolk Health are supporting three of the PCNs with the decision to be finalised for the fourth (King's Lynn). Next steps are to shape a project using population health management in collaboration with the PCNs.

NHS Frailty Pathway Project – The Group received a presentation on the long term plan. The project will be reviewed by September 2019 with scaling up to take place after. The complementarity of the coastal project was discussed and the link to Care Navigators, Social Prescribers and the Early Help Hub. It was agreed that including home adaptations in planning would be helpful.

Voluntary Norfolk – A presentation was received detailing the role of volunteers in health and social care. The STP are funding the development of an 'assembly' as a commitment to finding a way of working differently with voluntary services. The Group discussed how that assembly might work and what involvement commissioners and providers could have. Volunteers, their availability and the demographics were discussed, also where to gain knowledge of voluntary services.

Community Pharmacy Engagement with PCNs – A presentation was received on how these services could be integrated to support population health needs.

Full minutes of the group can be found at <https://www.westnorfolkccg.nhs.uk/our-work-partners/local-delivery-group>

KEY RISKS

Clinical: Clinical risks are considered as part of any actions or projects which are agreed by the group.

Finance and Performance: Financial and Performance risks are considered as part of any actions or projects which are agreed by the group.

Impact Assessment (environmental and equalities): N/A

Reputation: Reputational risks are considered as part of any actions or projects which are agreed by the group.

Legal: Legal risks are considered as part of any actions or projects which are agreed by the group.

Patient focus (if appropriate): N/A

Reference to relevant Governing Body Assurance Framework: N/A

RECOMMENDATION: The Governing Body are asked to note this update.