NHS West Norfolk Clinical Commissioning Group

Annual Report Summary

2018 - 19
Welcome from the Chair and Accountable Officer

This summary of the 2018-2019 Annual Report for NHS West Norfolk Clinical Commissioning Group (the CCG) provides an overview of what the CCG has achieved in the past 12 months, as well as looking at some of our future priorities and how we have discharged our functions.

This year has been an exciting, challenging time for us. The CCG has worked hard to achieve a more stable financial position and, together with our colleagues and wider partners, we are looking closely at working together in new ways to change and improve health and care services for local people.

The CCG has been rated as ‘inadequate’ by NHS England but we anticipate that this rating will improve in 2019. We continue to focus on supporting our colleagues in the wider health system where performance is struggling. Our mental health trust and main acute hospital remain rated as ‘inadequate’ by the Care Quality Commission (CQC).

In line with the national direction of travel, this year we began the process to form a single management team to work across all five CCGs in Norfolk and Waveney.

Work aligned to the NHS Long Term plan to create Primary Care Networks across Norfolk and Waveney is well underway. This will see GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas.

This year, a focus on prevention and helping people to stay well has been a priority for the CCG and the wider Sustainability and Transformation Partnership (STP), with the roll-out of the NHS National Diabetes Prevention Programme offering targeted intervention to people most at risk of developing diabetes; additional funding invested in the Norfolk First Support (NFS) ‘reablement’ service provided by Norfolk County Council (NCC), which helps older people to regain their mobility and confidence; supporting Norfolk County Council colleagues to introduce ‘social prescribing’ in all practices. This supports patients to access the right community support services that are best able to support them with non-medical issues. The CCG has also invested in a nursing clinic to support homeless people in King’s Lynn, working with the Southgates GP Practice and The Purfleet Trust.

Engaging with local people continues to be a priority for the CCG. West Norfolk CCG held a Patient and Public Forum with two events on 11 March 2019 in King’s Lynn. This year’s event involved discussion of a report by Community Action Norfolk (CAN) into patient experience of NHS services in West Norfolk. It can be found on the CCG’s website here https://www.westnorfolkccg.nhs.uk/our-work-partners/community-action-norfolk-report

Dr Paul Williams  
Chair

John Webster  
Accountable Officer

NHS West Norfolk Clinical Commissioning Group Annual Report Summary 2018/19
Purpose and activities of the CCG

West Norfolk CCG at a glance

West Norfolk CCG is made up of 21 GP Practices. One GP from each practice is represented on the Council of Members, which is the overarching body governing the CCG. The role of chairman is fulfilled by a practising GP within the area.

The Governing Body is made up of 15 voting members. Seven West Norfolk GPs, including the Chair, are members of the Governing Body along with two officers, a secondary care doctor, registered nurse and four lay members. Further information on the membership and the working of the Council of Members, the Governing Body and its sub-committees can be found in the Accountability Report.

The Accountable Officer is supported on the Governing Body and Council of Members by the Chief Finance Officer, Director of Commissioning, Strategy and Delivery, Director of Nursing & Quality Assurance and Assistant Director – Corporate Services who run the operation of the CCG with a team of staff in the King’s Court offices.

In November 2018, the five CCGs in Norfolk and Waveney began a process to create a single, shared management team, headed by one Accountable Officer, who will also be the Executive Lead for the Norfolk and Waveney STP, one Chief Finance Officer (CFO) and a ‘joint executive team’. Each CCG remains a separate statutory body with its own identity and local focus.

Melanie Craig, the Accountable Officer of NHS Great Yarmouth and Waveney CCG, was appointed joint Accountable Officer and John Ingham, Chief Finance Officer of NHS Norwich CCG, was appointed joint Chief Finance Officer on 29 April 2019. It is anticipated that all the executive team will be appointed by July 2019, and a joint staff team will be in place by December 2019. Early in 2019 the CCG also formed a joint finance team and joint business intelligence (data) team with North Norfolk and South Norfolk CCGs.
Vision, values and aims

Our purpose is to commission services for local people in order to improve health and wellbeing, reduce health inequalities, improve the quality of care, prevent disease and premature death and decrease hospitalisation for long term conditions. The CCG’s vision is to strengthen local communities to reduce ill health and dependency to the minimum possible. We will work with partners to commission in an integrated, holistic way that addresses the health and wellbeing needs of local people.

Our aims are encompassed in our strategic objectives:

- To ensure the needs of the people of West Norfolk and clinical quality are at the heart of everything we do;
- To lead the long term sustainability of health and care services for the people of West Norfolk;
- Collaborate in partnerships that promote, and deliver demonstrable improvements in, the health and wellbeing of the people of West Norfolk;
- To meet statutory financial duties;
- To be innovative and to use integration as a means to deliver improvements in care;
- To ensure that the resources and capability are made available to commission services efficiently and effectively.

How the CCG spends its money

In 2018/19 West Norfolk CCG’s actual and planned expenditure was £281 million, of which £4 million was attributable to the running costs of the organisation: the remainder of £276 million was spent on commissioning healthcare services. The CCG was required to make an in-year £2 million deficit, and on delivery of this financial plan has been awarded £2 million non-recurrent Commissioner Sustainability Funding which has maintained the CCG’s historic deficit at £5.8 million.

Expenditure in 2018/19 by category is illustrated below: this shows that the majority of commissioning expenditure (51%) is within the acute sector, of which 73% relates to services commissioned from our main acute hospital.
Key issues and risks

West Norfolk CCG is pro-active in identifying and managing issues that might adversely affect its plans or business. Key risks are formally logged on the Governing Body Assurance Framework (GBAF) document, and reviewed on a regular basis by the Executive Team, Governing Body and its committees. For each risk identified there are mitigating actions which reduce them to a more acceptable level and provide the Governing Body with assurance that they are being managed.

The GBAF is a ‘live’ document that is continuously developed and updated. The most up-to-date GBAF will be found in the latest set of agenda papers for Governing Body meetings in public on our website: http://www.westnorfolkccg.nhs.uk/governing-body/agendas-papers

Commissioning and performance

Joint and Co-ordinated Commissioning

West Norfolk CCG works closely with its partners to commission NHS services across the area. Last year the CCGs in Norfolk and Waveney established a new Joint Strategic Commissioning Committee (JSCC). JSCC meetings are held in public every two months. The aim is to coordinate and streamline commissioning across the Norfolk and Waveney footprint in relation to shared interests. The Governing Bodies delegated a range of authorities and decision-making responsibilities to the JSCC.

The CCG continues to be an active partner in the Norfolk and Waveney STP and, as part of this work to transform health and care services, the CCG and other health, council and voluntary partners have established a Local Delivery Group in King’s Lynn.

This group meets on a monthly basis and work is currently underway to introduce population health modelling to help redesign how we deliver health and care services in West Norfolk.

The membership of this group includes patient representatives, Healthwatch Norfolk and Community Action Norfolk (CAN) to ensure the patient’s voice is heard throughout these meetings and when considering new schemes and initiatives.

Operational Performance – Meeting the NHS Constitution Standards

The NHS was founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges what the NHS is committed to achieve, together with responsibilities which the public, patients, and staff owe to one another to ensure that the NHS operates fairly and effectively.

Under the Constitution’s Patients’ Rights and Privileges it includes the delivery of:

- A maximum wait of 18 weeks from referral to treatment;
- A maximum wait of six weeks for diagnostic tests from referral;
- A number of specific maximum waiting times for cancer referral and treatment;
- Patients to be admitted, transferred or discharged within four hours of arrival in Emergency Department (ED).
NHS Constitution Standards – West Norfolk Performance

The table below shows that despite the best efforts of the CCG and its providers, not all of the targets were achieved in 2018/19. However, improvements have been made on a number of them, and they remain a priority for the CCG in the year to come.

<table>
<thead>
<tr>
<th>NHS Constitution rights and pledges</th>
<th>Provider</th>
<th>Threshold/ceiling</th>
<th>2017/18 Performance</th>
<th>2018/19 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance response times: life threatening calls when an ambulance arrives within 7 minutes</td>
<td>EEAST</td>
<td>7 minutes</td>
<td>9.85 minutes</td>
<td>9.48 minutes (YTD)</td>
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<tr>
<td>Ambulance response times: life threatening calls when an ambulance arrives within 18 minutes</td>
<td>EEAST</td>
<td>18 minutes</td>
<td>30.22 minutes</td>
<td>28.62 minutes (YTD)</td>
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<tr>
<td>Patients waiting to be seen &lt;4 hours before being seen</td>
<td>QEH</td>
<td>95%</td>
<td>85.5%</td>
<td>82.5%</td>
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<tr>
<td>Patients waiting in QEH &gt; 12 hours</td>
<td>QEH</td>
<td>0</td>
<td>1 patient</td>
<td>9 patients</td>
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<td>Waiting times: proportion of patients treated within 18 weeks of referral</td>
<td>All</td>
<td>92%</td>
<td>86.8%</td>
<td>81.9% (YTD)</td>
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<tr>
<td>Patients waiting &lt; 6 weeks for diagnostic tests</td>
<td>All</td>
<td>99%</td>
<td>98.7%</td>
<td>98.7%</td>
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<tr>
<td>Patients waiting &gt; 52 weeks for treatment</td>
<td>All</td>
<td>0</td>
<td>16 Patients</td>
<td>18 Patients</td>
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<tr>
<td>Cancer waiting times – 2 week waits</td>
<td>All</td>
<td>93%</td>
<td>96.3%</td>
<td>95.6% (YTD)</td>
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<tr>
<td>Cancer waiting times - 31 days until first treatment</td>
<td>All</td>
<td>96%</td>
<td>98.0%</td>
<td>96.4% (YTD)</td>
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<tr>
<td>Cancer waiting times – 62 days until first treatment</td>
<td>All</td>
<td>85%</td>
<td>80.4%</td>
<td>78.9% (YTD)</td>
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<tr>
<td>Care Programme Approach: Proportion of service users receiving a follow-up contact within 7 days of discharge</td>
<td>All</td>
<td>95%</td>
<td>98.9%</td>
<td>99.3% (YTD)</td>
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<tr>
<td>Improving Access to Psychological Therapies (IAPT) – percentage of expected population receiving therapy</td>
<td>NSFT</td>
<td>16.8% in 17/18 19% in 18/19</td>
<td>15.2%</td>
<td>13.3% (YTD)</td>
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<tr>
<td>IAPT – Percentage of patients moving to recovery</td>
<td>NSFT</td>
<td>50%</td>
<td>41.8%</td>
<td>51.3% (YTD)</td>
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<tr>
<td>Dementia diagnosis</td>
<td>Primary Care</td>
<td>67%</td>
<td>62.4%</td>
<td>59.6% (YTD)</td>
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Norfolk and Waveney Sustainability & Transformation Partnership (STP)

West Norfolk CCG is a partner in the Norfolk and Waveney STP which brings together health, care and voluntary organisations to transform services for local people and create a more sustainable health and care system.

The STP Chairs’ Oversight Committee, comprising the Chairs of the member organisations, and the STP Executive, comprising the Chief Officers of member organisations, both meet monthly. The STP Independent Chair is Rt. Hon. Patricia Hewitt and the STP Executive Lead is Melanie Craig. During the year the STP was advised by a Stakeholder Group, Clinical and Care Transformation Group and Social Partnership Forum.

The STP has attracted more money into Norfolk and Waveney to invest in patient services and into re-structuring the area’s ‘system’ so that it is fit for the future. Examples include £1.3 million to develop cancer services, £0.6 million for the central Norfolk Wellbeing Hub, £0.5 million to develop Primary Care Networks which will be the building blocks of community-based health and care services, £2.9 million to support workforce development, and £7.5 million on digital advances.

The STP aspires to become an Integrated Care System (ICS), in line with the NHS Long Term Plan, by April 2021.

More can be read about the work of the partnership on its new website at www.norfolkandwaveneypartnership.org.uk

Projects and activities in 2018/19

Norfolk Escalation Avoidance Team (NEAT)
NEAT is a new initiative involving a multi-disciplinary team of health and care professionals helping patients with urgent, unplanned health and social care needs stay at home where they want to be, rather than being admitted to hospital.

A pilot of the NEAT began in November 2018, and since then 200 referrals have been made to the service. Of those 200 referrals, 131 patients avoided going to ED or being admitted to hospital.

Early Intervention Vehicle
WNCCG commissioned an Early Intervention Vehicle (EIV) response service provided by East of England Ambulance Trust (EEAST). A large proportion of calls to the 999 ambulance service are from elderly people who have suffered a fall, and an emergency ambulance is not always required. The dispatcher reviews incoming 999 calls and dispatches an EIV to cases where an advanced paramedic's assessment and clinical abilities will have the greatest likelihood of keeping the patient at home. The service began operating in October 2018 and has responded to 852 patients. Of those 852 contacts, 637 ended with patients avoiding going to ED or being admitted to hospital.

Frailty Single Point of Access
The Frailty Single Point of Access (SPOA) service provides advice and guidance to healthcare professionals through a telephone service, consultant geriatrician-led frailty clinics, and consultant
geriatrician-led multi-disciplinary-team meetings. The advice and guidance from frailty specialists at the Queen Elizabeth Hospital in King’s Lynn aims to ensure that frailty referrals and admissions to secondary care take place only when necessary, rather than as a precaution when healthcare professionals are unsure how to progress a patient’s care.

**Winter work**
WNCCG commissioned a large number of smaller initiatives that were all part of an overarching winter work project, that aimed to reduce the anticipated extra pressure on urgent and emergency services over the winter period.

**Pop-up Minor Injuries Units**
WNCCG commissioned a minor injuries pop-up unit run by St John Ambulance to support frontline services during August in Hunstanton and over the winter in King’s Lynn. Treatment for cuts, bites and burns prevented a number of people from attending the nearest ED.

**West Norfolk Heart Support Group**
The West Norfolk Heart Support group was created by the CCG’s commissioning lead for coronary heart disease and respiratory conditions in September 2018 due to the nearest patient support group being located 50 miles away. The group was affiliated to the British Heart Foundation and received grant funding. The CCG is providing management support for the group until it has grown to a sufficient size for patients to take over.

**Primary Care**
In 2018/19, WNCCG has supported the development of West Norfolk Health, a network of the area’s 21 GP practices. West Norfolk Health has been key in the successful implementation of Improved Access: an initiative to provide more GP and other healthcare professional appointments between 18:30 and 20:00, Monday to Friday and on weekends and bank holidays.

West Norfolk CCG has completed its second year of having full delegated authority after moving from a position of joint commissioning arrangements with NHS England up to 2016/17. For the last two years, this has allowed for decisions around Primary Care to be made locally, and for the budgets for GP contracts to be managed by the CCG.

**Diabetes Pathway**
As part of a major focus on improving care for people with diabetes, the NHS National Diabetes Prevention Programme has been rolled out across Norfolk and Waveney. GPs or nurses identify patients who are at risk of developing Type 2 diabetes, and they are invited to join a programme to help them change their lifestyles. It has included the development of a healthy living directory for people who would like to explore options independently or who don’t meet the referral criteria.

Local transformation projects have included training for healthcare professionals to enhance their diabetes-related clinical skills, consultant outreach clinics, enhanced support from diabetes nurses, and outreach to care home residents and people who are housebound.

Future plans include building an integrated care model, working with diabetes networks to focus on foot care and pregnancy, and improving access to technology to support structured education and self-care.
Cancer Pathway
Cancer is a key priority within the NHS Long Term Plan. Cancer survival is significantly improving but not at the same rate as many other developed countries. The STP cancer work stream is focusing on increasing prevention of cancers, increasing the number of patients being diagnosed with early stage cancers, and reducing the time it takes to diagnose or exclude cancer. As more patients are surviving cancer treatments it is seeking to improve the quality of life and care for patients living with and beyond their cancer diagnosis.

Respiratory Pathway
During 2017, Norwich CCG worked with respiratory clinicians from secondary care and the community to agree the ideal COPD and asthma pathways for Norfolk and Waveney and devise a practical plan of action to achieve this. In 2018, the RightCare Respiratory Working Group completed a majority of the programme to deliver improved respiratory care across Norfolk and Waveney.

Circulation Pathway
Coronary Heart Disease (CHD) and Cardiovascular Disease (CVD) is a key health focus in Norfolk and Waveney because there is a significantly higher prevalence of CHD/CVD across the area in comparison to the rest of England. Great Yarmouth and Waveney CCG is leading on this pathway for the STP.

Mental Health
The children and young people's work comes under a new work stream that has been set up following a review of Children and Adolescent Mental Health Services (CAMHS).

During the latter part of 2018 a whole system review of CAMHS services has been carried out by engaging with a wide range of stakeholders including providers of services, commissioners, staff delivering the services and young people themselves.

The review will provide the baseline information needed to help a whole system transformation of mental health services for children and young people in Norfolk and Waveney.

Further information about children and young people's services in Norfolk and Waveney is available here: https://www.justonenorfolk.nhs.uk/

End of Life
The CCG commissioned an Integrated Palliative Care Service (IPCS) in 2016 to improve care for both patients and carers through joint working between key partners. The Service works as a partnership including Norfolk Hospice Tapping House (NHTH), NCHC, Marie Curie, Macmillan Cancer Support, Social Care and works closely with the QEH and community practitioners.

The central ethos of the service is to provide an integrated holistic approach to meet the needs of individuals in West Norfolk within their own homes, care homes and when they are in hospital. Services are available via a single point of access at NHTH.

A crucial development of the IPCS has been the opening of the inpatient unit at NHTH to provide specialised care and support for patients in their final weeks of life.

Child Health and Maternity
Maternity services have focused on developing a robust Local Maternity System (LMS) plan based on the report of the National Maternity Review 'Better Births: Improving outcomes of maternity services
in England. The plan has been developed through collaboration of the three maternity providers along with partner organisations across Norfolk and Waveney. Progress against the plan is monitored by the LMS, NHSE and Norfol and Waveney STP.

This year has seen the introduction of successful joint learning events across the three providers. Maintaining adequate workforce numbers has proved challenging for the local maternity system throughout 2018/19 including at a senior leadership level. This has led to constraints in advancing the LMS plan.

**Children and Young People’s Health Network**

Commissioners and quality leads at West Norfolk CCG work closely with colleagues in Great Yarmouth and Waveney CCG who are the strategic health commissioning leads for Children, Young People & Maternity Services across Norfolk and Waveney.

Working in collaboration with partners, the Norfolk & Waveney CCGs commission the delivery of services for CYP with a particular focus on improving outcomes for those with emotional health and well-being needs, at the end of their life and for CYP with integrated commissioning needs.

Key areas of work for 2018/19 included reviews into neurodevelopment disorder (NDD) pathways, services for children and adolescents’ emotional and mental health, and speech and language therapy services across Norfolk & Waveney with further programmes of work planned for 2019/20.

**Norfolk Continuing Care Partnership**

NHS Continuing Healthcare means a package of ongoing care that is commissioned solely by the NHS, where the individual has been found to have a “primary health need”. Such care is provided to an individual aged 18 or over, to meet needs which have arisen as a result of disability, accident or illness and can be provided in a variety of settings (including at home).

In June 2016 the five Norfolk CCGs decided to look at how the continuing healthcare service could be delivered in a different way. Norfolk Continuing Care Partnership was established in November 2017 following approval by NHS England, staff consultation and a mobilisation period.

The partnership covers all aspects of Continuing Healthcare (CHC) and Personal Health Budget delivery across the CCGs in central and West Norfolk: a smaller service is provided for Great Yarmouth and Waveney CCG. In December 2018 the oversight and management of the Individual Patient Pathways (IPP) was also transferred to the partnership.

**Improving quality**

West Norfolk CCG is responsible for commissioning quality services which meet the needs of the local population. Quality can be defined as the requirement for services to be safe, effective and to provide patients, their carers and families with a positive experience of the care provided. The CCG strives to ensure cost effective services through monitoring of outcomes and reduction in unwanted variation. This aim is set out in the Quality and Safety Strategy 2018-2021 which is used to guide the work of West Norfolk CCG and focuses on placing the patient at the centre of all decisions.

During 2018/19, the CCG has complied with its statutory responsibilities and duties in the commissioning of services, ensuring that these are safe and effective. This was undertaken through a contractual route of finalising baselines and targets for quality, patient safety and patient experience,
measuring and ensuring the compliance of providers against national and local Commissioning for Quality and Innovation (CQUIN) targets and Key Performance Indicators (KPIs).

West Norfolk CCG continues to use soft intelligence, regular and unannounced site visits and face-to-face dialogue with its providers to triangulate information to inform Key Lines of Enquiry (KLOE) for discussion at formal meetings as part of contract management. Any emerging or immediate areas of concern were escalated directly. The CCG also works closely with regulatory bodies, such as the Care Quality Commission (CQC) and NHS Improvement (NHSI).

Engaging people and communities

The volume and impact of the engagement work WNCCG has done in 2018/19 is reviewed in its Annual Engagement Report, which can be downloaded at www.westnorfolkccg.nhs.uk/about-us/publications. The report illustrates the CCG’s commitment to involving patients, the public and wider stakeholders in its work, and how involving patients has brought about improvements for the wider local population.

The report describes in detail the CCG’s routine engagement activity and wider engagement work done in 2018/19, including:

- Community Action Norfolk – the Equality Delivery System (EDS2) Engagement Report: a review of patient access and experience for seldom-heard and hard-to-reach groups;
- Community Engagement Forum – quarterly meetings bring together local organisations, patient groups, and voluntary sector organisations to encourage active participation and two-way debate with the CCG about local health services;
- Staff engagement;
- Cancer and End of Life Symposium - this annual event comprises presentations and workshops led by specialty clinicians, and was attended by over 80 health and care professionals in June 2018;
- West Norfolk GP Members’ Forum – the CCG funds cover so GPs can attend these regular learning events;
- Patient Participation Group (PPG) campaign toolkits - the CCG has worked with neighbouring CCGs to compile a toolkit to help PPGs and their practices get involved with promoting health care.

Annual General Meeting

West Norfolk CCG held its fifth Annual General Meeting (AGM) on 4 July 2018 in King’s Lynn. A number of local health and care providers and voluntary groups attended the meeting to promote their services at display stands. As part of the NHS 70 celebrations, the Norfolk Record Office also brought along an interesting display of local NHS archive material including footage of the former King’s Lynn Hospital.

The CCG’s Chair, Dr Paul Williams, summarised the financial challenges that the organisation was facing and also highlighted the service pressures on the NHS locally. He went on say that a framework is being developed that will see the development of an integrated care system.

The meeting also received a report from the Chief Finance Officer and a presentation from the Accountable Officer.
Public and Patient Forum

A Public and Patient Forum was held on 11 March in King’s Lynn. The event, which was held in the afternoon and again in the evening to give maximum opportunity for attendance, was part of the ongoing dialogue between WNCCG and its partners, stakeholders, patients and the public.

Local health care providers and voluntary groups were invited to have information stands at the event. The events focused on:

- The findings of a recent review of Patient Access and Experience;
- Population health management;
- The work of the Local Delivery Group (LDG);
- Creating an Integrated Care System (ICS) for Norfolk and Waveney;

Conclusion

The CCG continues to focus efforts on improving the health of the people of West Norfolk – this has always been at the centre of all decisions. Since its inception, West Norfolk CCG has supported the local population in this goal by delivering a number of significant service improvements.

The financial picture continues to be challenging but by working with its wider partners through the STP the CCG will continue to ensure that local people receive high quality and equitable health and care services.

Our full Annual Report can be downloaded at www.westnorfolkccg.nhs.uk/about-us/publications

If you would like this document in large print, audio, Braille, alternative format or in a different language, please contact West Norfolk CCG on 01553 666900 and we will do our best to help.