Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

NHS Great Yarmouth and Waveney Clinical Commissioning Group

One Year Operational Plan

2016/17

V9 – Final submission

Better Health, Better Care, Better Value

Introduction to the 2016/17 Operational Plan
Contents

1 Links to Five Year Strategy

NHS Great Yarmouth and Waveney CCG (NHSGYWCCG) is well established as an innovative commissioning organisation, in tune with its vision for the residents of Great Yarmouth and Waveney, and delivering on its commitments as described in our existing five year strategy. This refreshed plan will outline our key achievements in 2015/2016 and lead into the five year Sustainability and Transformation Plan (STP) with a challenging programme of transformation leading to improved service delivery, further integration, system aggregate balance and greater system resilience.

The CCG vision we described in previous planning documents remains valid and relevant today and so we will build on it rather than replace it:

By 2018/19 the citizens of Great Yarmouth and Waveney will receive their health and social care, and some district/borough services, from a cohesive integrated care system (ICS) acting as a single provider of services. The ICS will be user focused, delivering high quality and safe services with an orientation to innovate and develop new methods delivering better care based on the ideas and ambitions of professionals and the feedback of users. Because it is operating in a coordinated way, eliminating inefficiency and waste, and striving for more effective delivery methods it will be using resources optimally and constituent member organisations will be in financial balance and able to invest in further improvements.

Throughout our recent public consultations we have been laying the foundations to improve the health and care services to our population over the next 10 to 20 years.

It is our intention to continue to improve both the quality and accessibility of local services and to meet our significant financial challenges through addressing population health issues by stimulating community resilience with district colleagues, more effective and integrated commissioning and provision, a focus on transforming pathways across the system using best practice and by commissioning services we can afford and provide value for money and not commissioning those which don't. A clear focus on the most high priority conditions and arrangements will yield the greatest return on effort and investment.

We welcome the opportunity to take a whole system planning approach as we progress the vision of the Five Year Forward View and we continue to make demonstrable progress towards our ambitious and transformational plans to develop an integrated care system to cover all of our population. We as a system, like other areas, are encountering major issues around workforce shortages, financial pressures, rising demand and patient expectations and we are increasingly addressing these issues as partner organisations across the public sector, and will continue to do so into 2016/17 and beyond.

We will also continue to work towards a more integrated commissioning structure, through our already robust working relationships with other commissioners in the wider health, social care and district sectors to mirror the innovation we are demonstrating through our Most Capable Provider (MCP) process.

Our system continues to perform better than many other health economies over the winter of 2015/16, and we believe that this is testament to the increasing integration of health and social care, ensuring greater resilience. We also know that we can improve how emergency care operates over the coming five years. It is one of our major system priorities.

We acknowledge and embrace the need to change the way services are provided to meet the changing local population as we believe this will lead to better outcomes. People are

living longer with an increasing number of long term conditions and more complex social needs but they can be encouraged to play a greater part in their own care. We are changing our models of service delivery, and optimising use of capacity, in order to provide care in the most appropriate setting, such as in the patient's own home or based in their local community. There is an urgent need to change, in less than five years' time more than 50% of our population will be over the age of 65.

Early indications are that by building on the system wide transformation currently underway we have an excellent basis from which to meet the requirements of the STP in pursuit of the national triple aim – better health, transformed quality of care delivery, and sustainable finances, aspirations uncannily similar to the CCG's own existing public strapline.

Within that we will focus on:

- Developing and delivering a cohesive strategy for the frail elderly across primary, community and acute health and social care
- Agreeing and implementing a strategy for emergency and urgent care which provides care when and where people need it
- Improving outcomes for cancer patients
- Developing and supporting primary care services to ensure good accessibility for our residents and long term sustainability of services

2 Progress

Since the 2015/2016 operation plan we have continued the work towards greater integration and concluded our third and fourth public consultations. Both consultations recognised the need for change and to build a strong platform for large scale transformational change over a longer time period.

- **Shape of the System** set out an ambitious vision to extend the out of hospital model using integrated teams and beds with care across Great Yarmouth and Waveney. This model was supported by the local public and by May 2016 all areas will have access to an out of hospital team. This will enable the closure of inpatient beds in both the acute and community hospitals and the enhancement of both the environment and staffing at Beccles Hospital to provide enhanced Intermediate Care and specialist palliative care.

- **GP Practice premises in Gorleston and Bradwell** recognised the need for change within this community due to a number of factors. Estates and the environment from which to provide primary care services is poor: due to substantial housing development there is a need to provide additional capacity. A number of locations were discussed during the consultation and the Shrublands Campus in Gorleston was supported as the preferred option.

2.1 Other notable progress areas

- In late 2015/early 2016 we successfully implemented the outcomes from the mental health services consultation around rationalising acute mental health beds in Northgate Hospital and section 136.

- During autumn 2015 a practice operating from two separate surgery buildings was enabled to relocate to newly refurbished premises adjacent to buildings providing support for housing and benefits, thus creating a more holistic campus-style approach.

- The pathway for delivering NHS Continuing Healthcare at James Paget University Hospital has been redesigned by practitioners who have worked collaboratively to improve the patient experience. The appointment of a CCG Lead Nurse for NHS Continuing Healthcare whose focus has been on the James Paget University Hospital pathway has led to a better service for patients who no longer have access to the 'placement without prejudice' scheme. Appropriate patients within the NHS Continuing Healthcare pathway are instead discharged to a 'Discharge to Assess' care home bed, of which there are 12; re-enablement is delivered and then the patient is assessed for NHS Continuing Healthcare at a time that is most appropriate to their presentation. This has resulted in quicker rehabilitation and reduced CHC costs.

- With our partners NHS Property Services we submitted our first strategic estates plan which sets out a five year vision for our health estate across Great Yarmouth and Waveney. The plan was produced with the system wide (including local government) Infrastructure Group with forthcoming iterations to include other elements of public sector estate. Its aim is to maximise system wide asset utilisation.

- In August 2015 we launched a 'Most Capable Provider' process to bring pace to the provider integration agenda. Six provider organisations across the local health and social care system (including a private provider) have committed to work together across service bundles to ensure efficiencies by streamlining management, avoiding duplication and maximising our skills and available resources. This contract will be awarded for the first bundle in August 2016, with a further ongoing roll out after that.

- In order to demonstrate robust support and governance for these key projects the CCG Governing Body agreed to the creation of a new board committee, the System Integration Steering Group, with all system partners represented (providers, commissioners and voluntary sector) to mastermind integration progress. The implementation will be coordinated through the Project Management Office.

- We are full participants in the digital roadmap process being led by the CSU. Local governance processes have been agreed and all relevant parties are engaged.

- NHS constitution - The way in which we are achieving the metrics within the NHS Constitution is contained within the performance section of this document.

- The CCG has agreed a plan for reducing delayed transfers of care with the acute trust and CHC team and anticipate the actions taken will address the issues leading to poor performance against the target.

- NHSGYWCCG has developed a joint shared post with Waveney District Council and Suffolk Coastal of Head of Communities. The post holder also works with Great Yarmouth Borough Council to ensure equity across the CCG. This innovative appointment means that we are actively working together across health and social care to empower local communities. Our agreed 10 healthy communities key priorities for 2016/17 are:

- Mental health (both young people and adults)
- Dementia, including more dementia friendly communities and businesses
- Support for carers (including young and older carers)
- Falls prevention
- Self -harm – particularly amongst young people

- Support for people with learning disabilities
- Lonely, socially isolated older men
- Dying and death – including 'compassionate communities'
- Understanding the symptoms of cancer and need for early screening
- Self-help and self-management – particularly of long term conditions

We are already working directly with communities on these specific projects to make healthy communities a reality in Great Yarmouth and Waveney:

- Dementia friendly communities
- Good neighbour schemes (supported by Community Action Suffolk)
- Social prescribing e.g. farming, exercise, advice on prescription
- Men's sheds – Halesworth
- Halesworth carer support project / Lowestoft friend of the family
- Kirkley navigators (health navigators) and Gorleston community advocates
- Being well in the wild

2.2 Key elements of the workplan for 2016/2017

As previously stated we will continue to improve the quality and accessibility of services for our local population and in doing so we are confident we can meet the national must do. As well as the continuing performance and improvement work undertaken within programme areas we have key transformation projects to deliver system integration. Some of this work will begin in year one and develop over the period of the STP. The agreement for this radical transformational change has been brought about through consultation with partners and the public.

2.3.1 Implement the Shape of the System public consultation recommendations

- This will mean that by the autumn the entire population of Great Yarmouth and Waveney has access to an out of hospital team supported by beds with care
- Develop and implement the plans for community hubs in conjunction with system partners

2.3.2 Implement the GP practice premises public consultation recommendations

Work with colleagues across the public and voluntary sector to deliver an integrated campus style approach to ensuring better facilities for health and care

2.3.3 Deliver the Most Capable Provider initiative

- Contract award August 2016
- Service commencement date January 2017
- Plan to roll out further service bundles throughout 2017/18

In addition to this we are planning a more integrated approach to commissioning with our commissioning partners. Budget, commissioning and strategic alignment with our county and district colleagues is a major short term aim.

2.3.4 New models of care

New care models include:

- Integrated, multi-disciplinary, 24/7 out of hospital teams to prevent admissions to hospital and support earlier discharge from hospital
- NHS funded beds with care in residential care homes supported by out of hospital teams and local GPs
- Intermediate care services including an IV suite and provision of specialist palliative care support

These models are focused on proactive, individualised care plans for reablement and rehabilitation to promote wellness and independence.

The CCG has undertaken a public consultation into the development of out of hospital teams and beds with care within GYW. The teams and beds with care have been rolled out in Lowestoft, Great Yarmouth and the Northern Villages. The further roll out into South Waveney is in planning stages. The model has proven to be very successful resulting in a reduction of admissions and LOS, particularly amongst those aged 75+.

The CCG has a local enhanced scheme in place to provide enhanced oversight and planning for those resident in care homes.

3 Footprint

In establishing a footprint for the sustainability and transformation plan we have considered the optimal solution for our local community taking into account the opportunities and dependencies we have as a result of being part of many Norfolk based systems and flows. Our prime duty is to the population of Great Yarmouth and Waveney and it is clear that there will be a comprehensive locality plan to ensure that our programme of transformation continues at pace. It is also true that we look to close working with wider Norfolk for many services for the benefit of our population, not least the emerging working relationships between the Norfolk acute Trusts. Transformation and improvements must also cover our residents in Suffolk and we remain confident that we can also closely align plans with those of partners in Suffolk to ensure that all of the population benefit.

This being the case, the CCG Governing Body has supported a Norfolk and Waveney overarching footprint which will incorporate our local Great Yarmouth and Waveney Plan. In the future we expect more Norfolk/Suffolk joint programmes across the public sector potentially concluding in a successful Norfolk/Suffolk devolution footprint.

The agreed planning footprint in Norfolk consists of the following organisations including ourselves:

- South Norfolk CCG
- Norwich CCG
- North Norfolk CCG
- West Norfolk CCG
- Norfolk Community Health and Care NHS Trust
- Norfolk and Suffolk Foundation Trust
- Norfolk and Norwich University Hospital NHS Foundation Trust
- Norfolk County Council

Work is underway to develop the local plan with the engagement of additional resources to facilitate the development of the plan. A workshop on 17 March 2016 (including representation from county and district councils, all providers and patient representation) enabled agreement of key priorities and future work to deliver the local plan within the timescales and according to current and emerging guidance.

It should be noted that work is still ongoing across the system to agree the health and social care blueprint to 2021. This includes a refresh of the Joint Strategic Needs Assessment (JSNA). The governance arrangements and capacity required to develop the plan across the Norfolk and Waveney footprint.

Norfolk and Waveney CEOs will also commission an additional resource to develop the overall plan and key individuals have been nominated to lead from each area and the first meetings have taken place.

The CCG looks forward to working closely with partners across the region as the East Anglia Combined Authority emerges.

We recognise that the devolution proposal places economic growth, wealth creation and improving wellbeing at its heart. The agreement aims to make East Anglia a better connected region, spreading and retaining the wealth generated by the global technology hub of Cambridge to the wider East Anglian area, building the rural economy and improving the digital and broadband offer.

The CCG already have two Joint Head of Commissioning posts with Suffolk and Norfolk County Council respectfully. These key positions ensure that the CCG is fully informed and engaged with the devolution process. Our Chief Executive and Chair also lead the Great Yarmouth and Waveney System Leadership Partnership (SLP) with leadership membership from Suffolk County Council and Norfolk County Council. Devolution is a regular agenda item and the CCG will work in partnership to support the East Anglia Devolution agreement.

4 Our population, public health and prevention

Working with Public Health colleagues, the CCG has used the Joint Strategic Needs Assessment (JSNA) to inform the health needs and analyse the wellbeing gap in the population.

4.1 Health and wellbeing gap

The challenge for the CCG is addressing the health and wellbeing gap, which is mainly caused by the following:

- The ageing population
- Deprivation
- Healthy life expectancies gap
- Lifestyle and preventable causes of ill health (including diet, activity, obesity, consumption of alcohol, tobacco)
- Increasing burden of preventable disease

4.1.1 Health gap due to our aging population

The current population of Great Yarmouth and Waveney CCG is 236,779 (January 2016 GP registered population), thus an increase of about 0.5% over the last 12 months. About 60% people are in the 16-64 age group and 24% over 65 years of age. Over the next 20 years, we are likely to see numbers of older people increase significantly, with children and the working age population increasing less significantly or even decreasing slightly. However, there are some significant new housing developments planned across our two main towns of Lowestoft and Great Yarmouth, together with some of the villages. The population forecast is estimated as 248,858 in 2020.

This means that due to age alone we can expect more people with diabetes, CHD, stroke, and dementia.

4.1.2 Health gap due To deprivation

The JSNA informs us that according to the index of multiple deprivation 2015, GYW CCG rank of average deprivation score is 44th worst out of 209 in England. There are 134 Lower Super Output Areas (LSOAs) in GYW CCG; out of these 37 are in 20% most deprived (59,300 people) and 25 in 10% most deprived (41,300 people).

The more deprived areas experience worst outcomes that lead to health gaps across the system.

4.1.3 Health gap due to life expectancy

The life expectancy for both men and women in GYW CCG is lower than the England average. For males it is 78.6 years and 82.6 years for females. The figures for England are 79.4 and 83.1 years respectively.

4.1.4 Health gap due to lifestyle and long term conditions

The table below show data on the key determinants of health for 2015, compared with England as shown in the health profiles published by Public Health England. The complete health profile data is also given below.

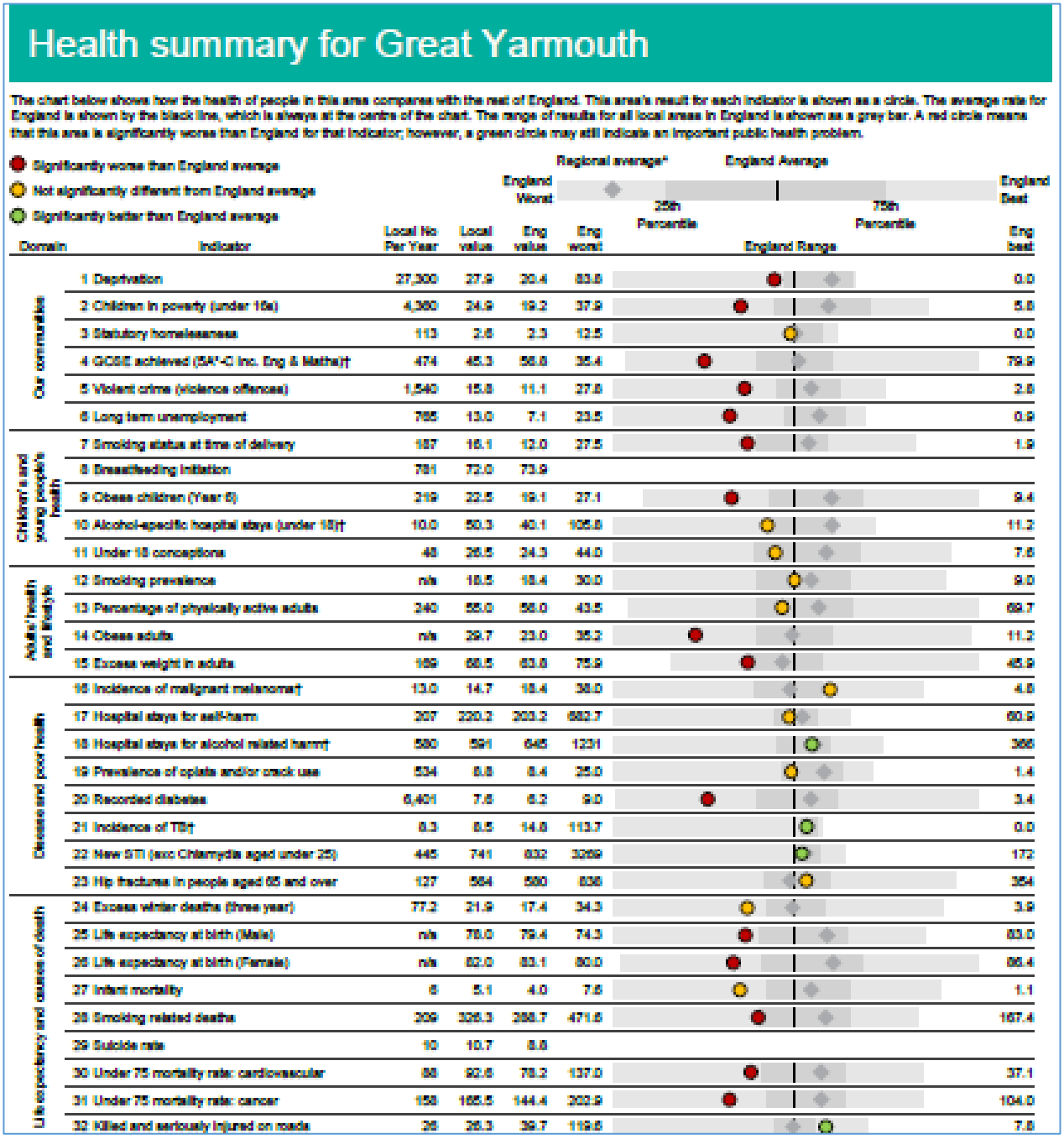
Health profile 2015			
Determinant	**Great Yarmouth**	**Waveney**	**England**
Smoking prevalence	18.5	30.0	18.4
Smoking status at delivery	16.1	16.1	12.0
% physically active adults	55.0	56.3	56.0
Obese adults	29.7	24.5	23.0
Obese children (year 6, age 10-11)	22.5	19.8	19.1
Under 18 conceptions	26.5	23.3	24.3
Children in poverty	24.9	21.8	19.2
Long term unemployment	13.0	7.2	7.1

Obesity leads to many long term conditions. The data from public health on obesity suggests that for the CCG population, if current trends in obesity continue, by 2020 it is estimated that additional burden of obesity will have contributed to:

- 1,850 people with CHD
- 500 strokes
- 25,000 people with hypertension and
- 12,600 people with diabetes

If this happens then **o**besity will cost the local health economy more than £30 million per year.

Health profile charts 2015 – Great Yarmouth and Waveney



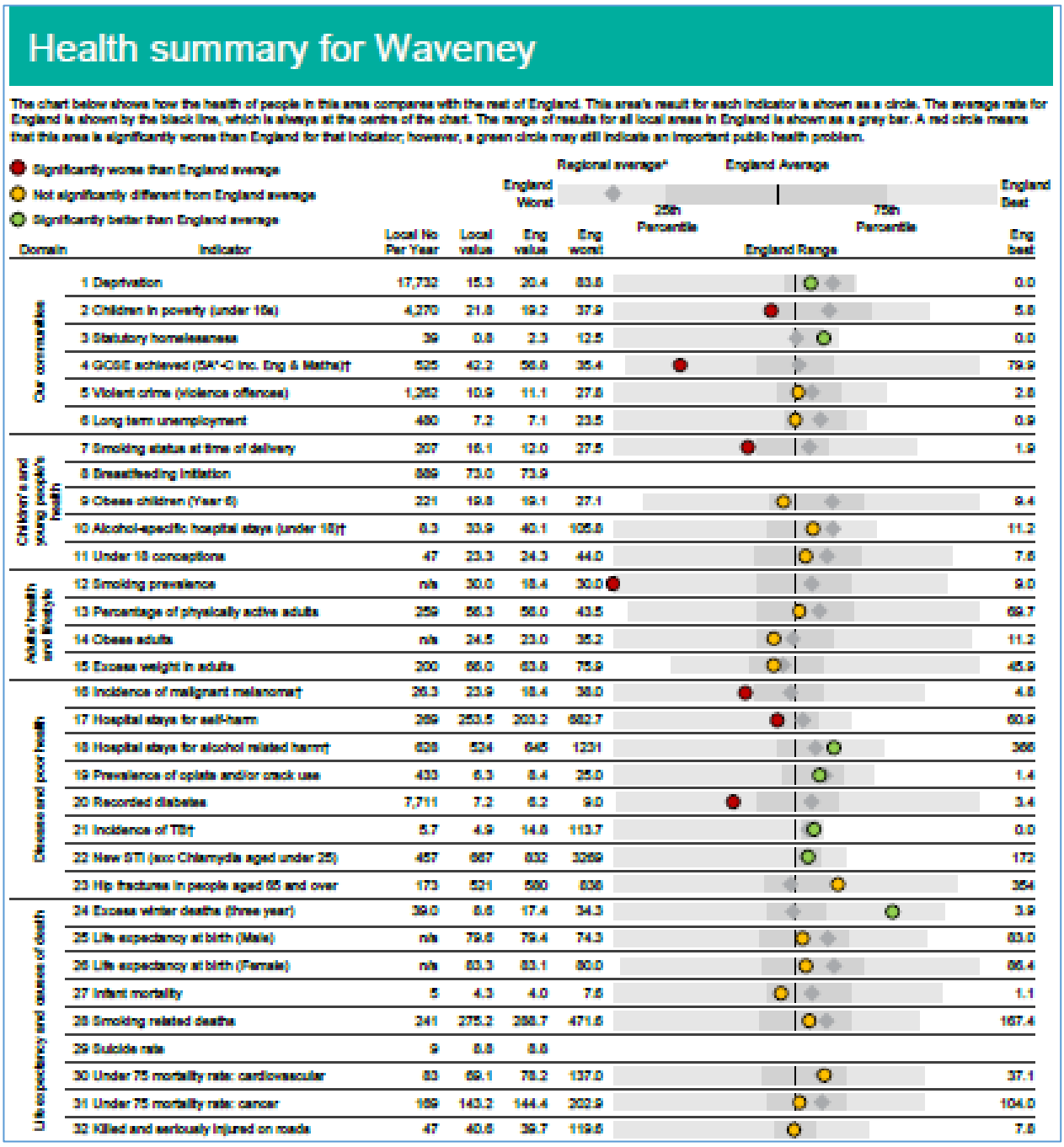
Health summary for Great Yarmouth

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

Significantly worse than England average
Not significantly different from England average
Significantly better than England average

Regional average* | England Average | England Worst | 25th Percentile | 75th Percentile | England Range | England Best

Domain	Indicator	Local No Per Year	Local value	Eng value	Eng worst	Eng best
Our communities	1 Deprivation	27,300	27.9	20.4	83.6	0.0
	2 Children in poverty (under 16s)	4,360	24.9	19.2	37.9	5.8
	3 Statutory homelessness	113	2.6	2.3	12.5	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)†	474	45.3	56.8	35.4	79.9
	5 Violent crime (violence offences)	1,540	15.8	11.1	27.6	2.8
	6 Long term unemployment	765	13.0	7.1	23.5	0.9
Children's and young people's health	7 Smoking status at time of delivery	187	16.1	12.0	27.5	1.9
	8 Breastfeeding initiation	781	72.0	73.9		
	9 Obese children (Year 6)	219	22.5	19.1	27.1	9.4
	10 Alcohol-specific hospital stays (under 18)†	10.0	50.3	40.1	105.8	11.2
	11 Under 18 conceptions	48	26.5	24.3	44.0	7.6
Adults' health and lifestyle	12 Smoking prevalence	n/a	18.5	18.4	30.0	9.0
	13 Percentage of physically active adults	240	55.0	56.0	43.5	69.7
	14 Obese adults	n/a	29.7	23.0	35.2	11.2
	15 Excess weight in adults	169	68.5	63.8	75.9	45.9
Disease and poor health	16 Incidence of malignant melanoma†	13.0	14.7	18.4	38.0	4.8
	17 Hospital stays for self-harm	207	220.2	203.2	682.7	60.9
	18 Hospital stays for alcohol related harm†	580	591	645	1231	368
	19 Prevalence of opiate and/or crack use	534	8.8	8.4	25.0	1.4
	20 Recorded diabetes	6,401	7.6	6.2	9.0	3.4
	21 Incidence of TB†	8.3	8.5	14.8	113.7	0.0
	22 New STI (exc Chlamydia aged under 25)	445	741	832	3269	172
	23 Hip fractures in people aged 65 and over	127	564	580	836	364
Life expectancy and causes of death	24 Excess winter deaths (three year)	77.2	21.9	17.4	34.3	3.9
	25 Life expectancy at birth (Male)	n/a	78.0	79.4	74.3	83.0
	26 Life expectancy at birth (Female)	n/a	82.0	83.1	80.0	86.4
	27 Infant mortality	6	5.1	4.0	7.6	1.1
	28 Smoking related deaths	209	326.3	288.7	471.6	167.4
	29 Suicide rate	10	10.7	8.8		
	30 Under 75 mortality rate: cardiovascular	88	92.6	78.2	137.0	37.1
	31 Under 75 mortality rate: cancer	158	165.5	144.4	202.9	104.0
	32 Killed and seriously injured on roads	26	26.3	39.7	119.6	7.6



4.1.5 Health gap in lives lost due to preventable early deaths

Over the last 10 years, all-cause mortality rates have fallen in both Great Yarmouth and Waveney. The early death rate from heart disease and stroke has fallen.

4.2 Preventable mortality

A death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense.

Trend in mortality from causes considered preventable (Public health outcomes framework) – Total numbers and rate per 100,000 persons:

Year	Great Yarmouth		Waveney		England Rate	Difference in Rate from England	
	Number	Rate	Number	Rate		Great Yarmouth	Waveney
2001 - 03	648	239.22	755	220.35	250.01	Not significantly different	Significantly lower
2002 - 04	651	238.00	705	202.51	241.58		
2003 - 05	647	233.16	696	197.34	234.08		
2004 - 06	648	229.80	677	188.58	225.79		
2005 - 07	646	226.00	723	199.00	219.15		
2006 - 08	669	231.16	748	203.12	214.28		Not significantly different
2007 - 09	670	228.59	770	206.93	208.36	*Significantly higher*	
2008 - 10	663	224.19	725	192.49	202.92		
2009 - 11	651	218.41	702	185.44	195.16		
2010 - 12	657	215.61	688	180.86	189.04		
2011 - 13	686	220.37	676	176.03	185.13		
2012 - 14	710	225.58	696	179.59	182.70		

Note that the rates of preventable mortality have worsened over time. The rates were not significantly different from England for Great Yarmouth from 2001-03 to 2006-08, which then became significantly higher. And the rates were significantly lower than England for Waveney from 2001-03 to 2005-07, which then became not significantly different.

4.2.1 Premature mortality

Premature mortality is defined as deaths under the age of 75. The latest data is from 2012-14.

Great Yarmouth: For this period, there were 1146 premature deaths in total. Great Yarmouth is 34th worse out of 35 similar local authorities. The district also comes out worse (out of 324 local authorities) as follows:

- 284th for total premature deaths.
- Cancer deaths: 287th; Lung cancer: 256th; Breast cancer: 273rd.
- Heart disease and Stroke: 251st.
- Liver disease: 269th.
- Injuries: 249th.

Waveney: For this period, there were 1195 premature deaths in total. Waveney is 23rd worse out of 35 similar local authorities. The district also comes out worse (out of 324 local authorities) as follows:

- 200th for total premature deaths.
- Cancer deaths: 234th; Lung cancer: 130th; Breast cancer: 190th.
- Heart disease and Stroke: 163rd.
- Liver disease: 161st.
- Injuries: 211th.

4.3 Prevention

It is clear that unless there is increased focus on prevention, the health and wellbeing gap along with the care and quality gap will increase the financial gap and make it unsustainable to provide health and care services and improve the health and reduce inequalities in our population.

We want to use the 5YFV approach to radically upgrade prevention so as to:

- Have a whole systems approach to tackling rising obesity rates
- Intervene early to improve the health of patients at imminent risk of developing type 2 diabetes (details in the next section)
- Bring about population behavioural change through engaging and activating patients to manage their own health

The CCG will address issues at the primary and secondary prevention levels.

- Primary prevention – taking action to address the causes of ill health and lifestyle risks or by targeting high-risk groups
- Secondary prevention – taking action to detect early stages of disease and intervene before full symptoms develop

4.4 Interventions and outcomes plan

Tackling rising obesity rates

Specifically we will address the issue around overweight and inactivity. This has also been identified as a priority by the local System Leaders Partnership (SLP), where there is agreement to work in collaboration with our local health providers, local authorities, public health, voluntary sector and commercial sector.

Determinant	Great Yarmouth	Waveney	England
% physically active adults	55.0	56.3	56.0
Obese adults	29.7	24.5	23.0
Obese children (year 6, age 10-11)	22.5	19.8	19.1

The aim is to bring these figures in line with those for England initially, followed by getting them better than England.

The initiatives with public health that the CCG has already invested in are the ‘Beat the Street’ and park run initiatives.

Reducing smoking prevalence

The priority for us is to reduce the smoking prevalence in pregnant women and we are working with GPs, the midwifery team and public health to reduce the prevalence at least to the England rate. It is our commissioning intention to work collaboratively to improve and reduce the smoking rates in pregnancy.

Determinant	Great Yarmouth	Waveney	England
Smoking prevalence	18.5	30.0	18.4
Smoking status at delivery	16.1	16.1	12.0

The CCG is signed up to the '7 Steps Out' initiative which mainly reduces harm due to second hand smoke and also helps adults in quitting their smoking habit. We are going to investigate why the prevalence in Waveney is so high.

Bring about population behavioural change

This works needs collaboration from primary and secondary care, and we will work through initiatives like:

- Behavioural insights: provide opportunities for new approaches in health; recognising role of both automatic and reflective systems in decision-making.
- MECC: uses day-to-day interactions to support people to make positive changes to their physical and mental health and wellbeing.

Improve detection and early management of chronic conditions

As part of the Health and Wellbeing Board we have signed up to the Suffolk prevention strategy and will work on initiatives to detect hypertension and atrial fibrillation early, which should reduce the likelihood of stroke, heart attacks and kidney failure.

Our agreed action plan is to:

- Improve the number of people diagnosed with hypertension by 15%
- Improve the care of those already diagnosed with hypertension so that 15% more adults achieve good blood pressure control (equal to or lower than 150/90 mmHg)
- Improve the number of people diagnosed with atrial fibrillation to the highest level already being achieved by similar CCGs

4.5 Diabetes prevention

The CCG has a prevalence of diabetes of 7%. We also have a high level of obesity which would put patients at higher risk of both pre and diagnosed diabetes.

With a CCG population of about 236,000, there would be an estimated 82,955 patients with pre-diabetes. If the service were available in the CCG, the service would be promoted through GP practices and an identification initiative set up.

The CCG has recently agreed a diabetes strategy which sees the delivery of a tiered approach to diabetes care, working across boundaries and providers. An independent diabetic foot review has also been undertaken.

There has been work done locally to promote the use of pre-diabetes and our clinical lead has provided clinical advice to our GPs.

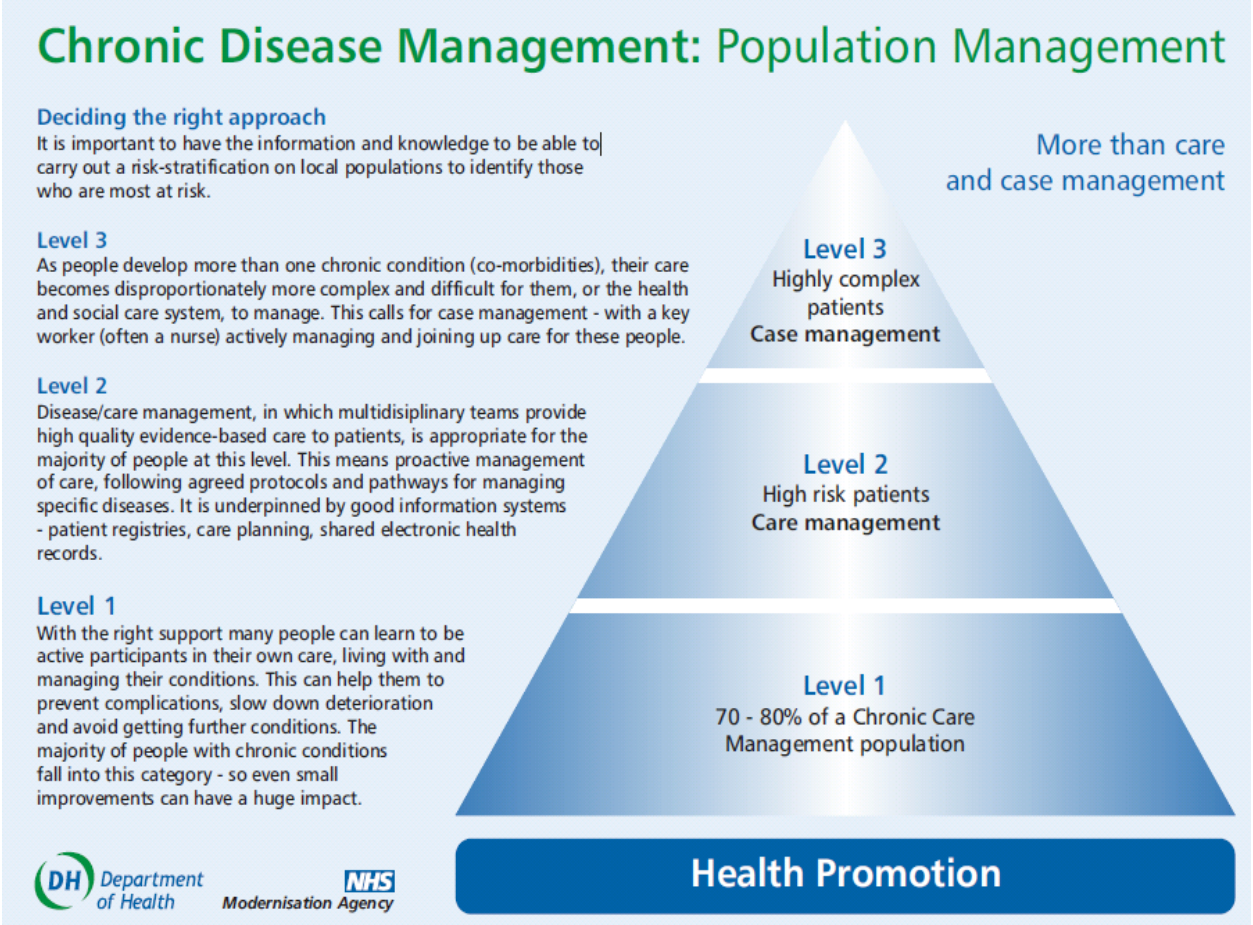
Working with the clinical leads and practices utilising eclipse searches we would be able to identify patients coded with pre-diabetes and offer them the prevention programme. Part of the CCG strategy discussed earlier aims to include a focus to work across organisations on not only diabetes care, but also prevention.

The CCG continues to strengthen its partnership with public health on how we can work differently with other commissioners and providers to reduce system pressures and in turn, empower individuals to access help early and prevent future crisis. Examples of this work include but are not limited to:

- Falls prevention – Raising awareness of public health campaigns such as dementia, physical activity and falls in pharmacies and libraries and where able to do so, sharing resources with primary care to enable better signposting to services in the community.
- Physical activity – ensuring we plan appropriate provision for physical and mental health in our better care fund and working with strategic bodies like Active Norfolk to promote better partnership working and commissioning of 'at risk' services
- Building community capacity – Supporting local community projects to increase physical activity in young mothers and those over the age of 55 to improve health outcomes
- Commissioning alternative outcomes – jointly funding the Waveney MEAM project to support 'high risk' individuals to access better housing and make more positive contributions to their community

4.6 Chronic disease management

For chronic disease management, we aim to use the population management approach as suggested by DH and given in the diagram below:



4.7 Supporting return to work

The new local area coordinator for Beccles and Bungay (in post from summer 2016) will support people to identify and achieve a 'good life', and this support will include helping people to move back into employment and/or volunteering.

There are various initiatives in Waveney to support those furthest from the labour market back into work, including people in poor health and with disabilities. We are exploring a work readiness programme for Lowestoft with a range of local partners which will focus on the needs, attitudes and aspirations of young, middle aged and older 'Not in Education, Employment or Training' (NEETs). There is also a countywide supported volunteering programme that will provide a stepping stone back into work.

The work of both the community advocates and Kirkley navigators in supporting people, many of whom have long term health conditions, to navigate the health system and manage their own health, includes helping people to move back into employment.

5 Contracting, finance and performance

5.1 Contracting for 2016/17 and performance management

NHSGYWCCG will continue to contract using the standard NHS contract in 2016/17 for all providers of healthcare services. Regular contractual meetings are held with all major providers, reviewing aspects of performance in relation to clinical quality, national and local standards and financial positions. Where contracts are coming to an end, decisions on the future of these services will be taken through the relevant governance processes, and procurement processes put in place as appropriate. We will be vigilant around ensuring that

all our expectations of providers are enshrined clearly within contracts with financial consequences outlined. Standard business rules will be observed.

Meeting the standards of the NHS Constitution is important to us, and we cover below how we will maintain and increase vigilance with regards to 18 week performance and cancer targets, which has been challenging during 2015/16. We plan on meeting all constitutional standards in 2016/17.

A comprehensive database of all Healthcare contracts is in place and all contracts have been reviewed in detail for 'value for money'. A workplan for service reviews as well as a map of where contracts could sit within an ICS model has taken place in 2015; this enables the CCG to identify opportunities for joint contracting with our partners, minimising duplication and establishing where new models of care need to be contracted for. The BCF has facilitated this process.

In December 2015, NHS England approved the CCG's application to assume delegated authority for primary care commissioning and this will be effective from 1 April 2016.

We will continue to be an active member of the East of England ambulance consortium for emergency ambulances. The Contracts Manager from the CCG and the Senior Office at the ambulance service to engage in service issues and redesign for our local health system.

We will contract directly with the Norfolk and Norwich University Hospitals NHS Foundation Trust.

Following a successful outcome to a service viability event held on 23 October 2015, NHSGYWCCG is currently engaged in dialogue with its local provider base under a Most Capable Provider (MCP) process to establish service delivery and commercial models to support an integrated service delivery. This work will lead to an award of contract in July 2016 followed by a phased implementation of agreed service bundles from January 2017.

Other planned procurements for 2016/17:

- Out of hours including 111 hubs
- Community services (outside of MCP)
- Continuing health care
- Beds with care
- Slowstream rehabilitation
- Westwood GP Practice
- Kirkley GP Practice
- Nelson GP Practice

Planned Service Redesigns for 2016/17:

- CAMHS
- Community service for learning disabilities for adults and children
- Cancer services
- Primary care in South Lowestoft
- Frail elderly services across primary, community and acute care
- Respiratory and diabetes services
- Ophthalmology

There are also an increasing number of joint clinical pathway transformation projects e.g. chronic pain and rheumatology.

We show below the current progress against performance indicators and our plans for maintaining or improving performance.

We have also made improvements in the way we collect data in relation to DTOC and committed to a five day turnaround of assessments by the CCG CHC Team. Since implementing these changes we have seen a reduction in health delays and anticipate being back on target (2.5%) by end March 2016.

5.2 Our performance

2015/16 performance highlights against the 'Everyone Counts' performance metrics are shown below.

Improving access to psychological therapies

On a cumulative basis to month nine IAPT access performance remains below target with performance of 10.0% vs the 11.3% target. In December the access target was missed by 14 patients giving an annual variance to target of 347 patients. Although behind the national target the service has made significant steps forward from previous years where for the same period access was 8.2% for 2013/14 and 8.6% for 2014/15.

Estimated diagnosis rate for people with dementia

The CCG dementia diagnosis rate for December 2015 was 63.1% vs the 66.7% target. December performance showed a small increase from the 63.0% reported in November but over the last six months the diagnosis rate has remained relatively flat with performance ranging between 62.5% and 63.4%. Although relatively flat this is still a marked increase from the 55.3% performance at the start of the financial year. In order to reach the 66.7% target the dementia register needs to increase by a further 125 patients. To help identify these patients the CCG provided a dementia update during the January CCG GP clinical leads meetings. This update has generated two main work streams which focus on increasing the diagnosis rate within the lowest five diagnosing practices via practice visits from the CCG lead mental health GP and practices with neighbouring care homes to visit the homes to assess residents for dementia.

Incomplete pathway RTT (referral to treatment time) performance

Nationally reported NHSGYWCCG incomplete pathway performance for November improved to 91.8% from 90.4% in October. For the same period trust wide performance for James Paget University Hospitals Foundation Trust (JPUH) was 93.9% and trust wide performance for Norfolk and Norwich University Hospitals Foundation Trust (NNUH) was 86.4%.

CCG performance of 91.8% is the highest performance seen by the CCG this financial year with the national standard of 92.0% narrowly missed by 20 patients.

The CCG has one patient waiting longer than 52 weeks on a trauma and orthopaedics pathway at North Bristol NHS Trust. In total at the end of November, North Bristol NHS Trust had 203 patients waiting longer than 52 weeks down from the 270 reported for the previous month. The CCG have been unable to establish any patient level information regarding this patient but the combined reporting supplied by the North Bristol NHS Trust highlights the

clearance of 52+ week waiters is in line with their recovery trajectory which clears the back log by the end of February 2016.

The CCG is commissioning sufficient activity, supporting and promoting full use of the E-referral system with general practice and our providers. Patients are offered choice and this is facilitated where clinically appropriate.

Joint QIPP schemes in place to address out-patient activity to reduce unnecessary referrals and follow ups (some of which was supported by CQUIN in 2015/16). Opportunities have been taken to commission optometrist delivered community based services for patients that meet the appropriate criteria.

Overall the aim of the schemes is to improve performance, reduce unnecessary activity and enable to Trust to consider costs within the system.

A&E 4 hour breaches

From April 2015 to November 2015, JPUH A&E performance was strong with six out of the eight months achieving the national standard. However, performance across December 2015 and January 2016 has seen year to date performance drop below the 95% target with performance up to 17 January 2016 being 94.6%. During this period there has been a year on year increase in attendance volumes but the feedback from JPUH suggests that this increased volume is not the cause of performance drop and instead the performance issues have been influenced more by increased acuity of patients and subsequent flow issues this causes throughout the trust. This is supported by the latest weekly (11 to 17 January) information where there were 1,175 attendances being the lowest volume week of the financial year to date but was also the second worst performing week with performance of 87.9%. This supports the view there is no correlation between attendance volumes and performance.

Cancer waiting time targets

For November the CCG achieved the 62 day standard for only the second time this financial year with performance of 88.7% vs the 85.0% standard. Fast track performance suggests that this performance continued in to December but the CCG will not be able to confirm this until late April. Performance against the 31 day subsequent surgery treatment target continues to be an issue with three of the 23 patients treated in November being treated after 31 days. Given the size of the service in order to achieve the standard the CCG generally can only afford one patient to be treated after 31 days. For November, one breach was caused by patient choice and two were cancelled related to capacity issues with these patients being treated on 33 and 52 days.

See Appendix 1 for further information.

Ambulance response time performance

East of England Ambulance Trust (EEAST) response time performance continues to be below CCG expectations with the Red 2 and A19 response time targets missed at CCG level for December 2015. EEAST performance across the trust is also below the national standards with the Red 1, Red 2 and A19 targets all being missed. Locally the Red 2 and A 19 targets have been missed for seven consecutive months.

Contractually EEAST has been required to create a remedial action plan (RAP) to deliver the national response time standards. To date the RAP has not been approved by

commissioners as discussions regarding the adequacy of the proposed RAP continue. By the end of the financial year if a RAP is failed to be agreed then there are potential contractual financial consequences that could be applied to EEAST.

EEAST performance on ambulance response times continues to not meet the targets. The 15/16 RAP with EEAST has not been agreed because it did not get the Trust to national standards. There are locally agreed standards that EEAST have also not achieved. Undoubtably the considerable handover delays at NNUH have exacerbated this situation. Commissioners have been asked to consider the use of the withheld amounts for the financial consequences 2015/16.

A RAP for 2016/17 is under discussion and EEAST are due to produce this by the end of April.

5.3 Summary of commissioning intentions 2016/17

Create an Integrated Care System (ICS) with pooled budgets

The commissioning intentions we published for 2016/17 expressed a clear intention to create an Integrated Care System (ICS), in which all of the commissioners of services having an impact on health (i.e. Norfolk County Council, Suffolk County Council, Great Yarmouth Borough Council, Waveney District Council, NHS England, Public Health Norfolk and Public Health Suffolk etc.) "Pool" commissioning budgets to maximise the effectiveness of those scarce resources. We are also working with providers including the voluntary sector to integrate by means of combining provider budgets, streamlined management of teams and co-located staff.

We have made good progress towards this aim but the extent and pace of the change to create the ICS must now increase if we are to be able to satisfy residents' needs over the coming very challenging years. Our provider colleagues all support this intention and we are currently discussing options for a joint commissioning vehicle.

Progress, with our partners, the Better Care Fund (BCF)

The BCF is seen by partner organisations as a key enabler towards greater health and social care integration across the Great Yarmouth and Waveney system. Plans for 2016/17 will build on the successes of 2015/16 and ensure that we learn from our experiences to overcome barriers to change. The schemes identified clearly link to strategic approaches within each local authority, of Promoting Independence (Norfolk County Council) and Supporting Lives, Connecting Communities (Suffolk County Council). The following information details key areas which have been crucial to the development of the 2016/17 schemes and activity.

Self-assessment of 2015/16

A crucial element of the planning process has been to use the NHS England Self-Assessment tool to understand progress made on the integration agenda. Key successes for 15/16 include:

- Created mechanisms for challenging discussion on integration, governed by an effective Partnership Board. An important aspect is that this Partnership Board is

represented by both Norfolk County Council and Suffolk County Council, to discuss integration across the CCG area
- A reduction in non-elective figures, at present we are meeting our target of 3.5% reduction
- Investment and development of the out of hospital team
- Cross border working between both local authorities and the CCG which is best evidenced through the development of the Home Support model

Going forward it is recognised that we need to focus on:

- Effective measurement of the benefits of activity undertaken to further integrate services
- Involvement of wider stakeholders in the integration agenda, with particular focus on borough/district council colleagues

In addition to this, the CCG together with key partners is an early adopter of seven day services. An Integrated Steering Committee to lead a whole system approach to the delivery of seven day services has been established since June 2014 with representatives from all the NHS and Social Care providers across Great Yarmouth and Waveney.

Consultation

There has been effective consultation within the CCG area with key partners and providers. This is best evidenced by the work being done with providers to establish the Most Capable Provider (MCP) to deliver care and support which is more integrated, better coordinated and sustainable across the locality, with an emphasis on support in the community.

In December 2015, a workshop was held focused with a clear objective to review the 2015/16 BCF plans and progress with integration in Great Yarmouth and Waveney. This was well attended by representatives from Mental Health, Social Care, Palliative Care, and Children's Services from across the local authorities and CCG. In addition and in recognition of system wide integration, this was also attended by the borough/district councils.

Data analysis

As mentioned, there has been a reduction in non-elective admissions. The information below demonstrates the high level progress made against the key BCF metrics as at end of Nov 2015:

- Non Elective Emergency Admissions: Performance on track to deliver for 2015 calendar year
- Delayed Transfers of Care: The CCG expects both Norfolk and Suffolk to achieve this metric for 2015 calendar year
- Dementia Diagnosis rate: Significant progress made within the 2015/16 financial year with performance improving from 55.3% to 63.1%
- Patient experience: Performance is not on track to achieve the 72.0% standard

Work to understand how integrated activity has contributed to this performance is ongoing.

We wish to move to a system whereby information is shared and accessible resulting in the ability to better plan and commission services and greater transparency between organisations – a single version of the truth.

Strategic drivers

Key to the success of BCF in driving integration has been the links to other strategic enablers for Great Yarmouth and Waveney. The planning for BCF 16/17 clearly links to the following local authority strategies:

- Promoting Independence (Norfolk County Council)
- Supporting Lives, Connecting Communities (Suffolk County Council)

The activity being driven by NHSGYWCCG through the Shape of the System and Most Capable Provider clearly aligns with the aims of the Better Care Fund, as demonstrated by the except used at the start of this document.

Great Yarmouth and Waveney is well positioned in response to the two new national conditions, with work continuing to develop Out of Hospital services and a clear plan for delayed transfers of care. These conditions have also been reflected in the proposed schemes for 16/17.

Proposed schemes

The draft schemes proposed build on the successes of 15/16 and recognise the ongoing work needed to progress integration as informed by the 2016/17 Better Care Fund Policy Framework. The schemes are:

- Supporting Independence by Community Based Interventions
- Integrated Community and Out of Hospital Teams
- Care at Home
- Support for people with dementia and older people with functional mental health problems living in the community

Primary care commissioning

We have been awarded delegated commissioning status for primary care. We are particularly aware that primary care must be more integrated within itself, and with all other sectors. Our ambitions to create a coherent system of services across the whole of the CCG to ensure equity of access for patients will mean we address critically the model, provider arrangements and place for all services, with the intention of rationalising resource to achieve greater quality and value for money. In looking at new models of care for primary care we must also commission other services in support of primary care.

Consolidation/federation of practices around larger communities will allow us to build on integration between primary care and community services to develop a multi-disciplinary approach to care. We await the publication of the new GP contract to better understand how we can work with our practices to achieve the outcomes required by the contract.

Service changes

The CCG's commissioning intentions have significant focus on service efficiency and pathway change. The largest number of schemes relate to these two categories. For example, one stop shop clinics, rheumatology telephone follow-ups, enhanced hospice at home, and community pain management. This means that NHSGYWCCG will expect closer working relationships and transformational programmes between providers. As a result of this change in service delivery, we expect provider organisations to agree to rationalise and

share staff, and to plan manpower development together so that we can address recruitment problems and skills shortages across the system, rather than by organisation. Doing this will also support the ambition, in which we will expect to see significant implementation in 2016/17, of having single operational management across all providers, health and local government commissioned, in a number of areas of current duplication e.g. bed management, therapy services and discharge from the JPUH. The success of providers in achieving *waypoints* in this process will determine future procurement plans i.e. failure to achieve operational integration at a fast enough pace may necessitate tendering activity which would otherwise be unnecessary.

Safety and quality

NHSGYWCCG places clinical quality and patient experience at the core of everything it does, and will continue to work with (and support) providers to deliver better, safer services, and to improve patient outcomes. All providers must strive to achieve best practice in the delivery of the commissioned services, and to seek continuous service and quality improvement.

We will expect all providers to benchmark themselves against the best nationally, to use acknowledged best practice wherever possible, and to seek to remove variation without a strong clinical evidence base within practices and organisations as well as between them. Using the most up to date methods (e.g. as laid down in best practice guidance) will produce better outcomes and reduce costs, and providers will be expected to demonstrate increasingly that they are achieving reduced variation in delivery compared to the best performers.

No local trusts and GP practices have an overall rating of inadequate within GYW except NSFT. The trust is due a re-inspection in 2016.

The CCG worked successfully with the CQC and NHSE in 2015 to address two GP practices placed in special measures. The CCG was able to support one practice to improve such that they were able to be taken out of special measures and the CQC removed the registration of the other practice. This was done with the collaboration and support of the CCG and NHSE. There are no further practices expected to be rated.

The CCG will continue to work collaboratively with health and social care regulators, stakeholders and providers to monitor and support and develop the provision of safe, caring, effective, responsive, and well led care. This will include professional regulatory bodies (For example; General Medical Council, Nursing and Midwifery Council, Health and Care Professions Council), Monitor, The Care Quality Commission, Healthwatch and patient groups.

7 day services

Great Yarmouth and Waveney CCG together with key partners is an early adopter of seven day services. An Integrated Steering Committee to lead a whole system approach to the delivery of 7 day services has been established since June 2014 with representatives from all the NHS and Social Care providers across Great Yarmouth and Waveney.

Progress in achieving 7 day service delivery, and the removal of variation in access and outcome across the week, will be expected from all providers. This will require cooperative working and innovation in delivering services within the current payment framework.

In September 2015 Monitor and NHS England outlined priority focus to four of the ten clinical standards. Trusts are expected to deliver these standards by 2016.

These are:

Standard 2 – Time to first Consultant Review
Standard 5 - Diagnostics
Standard 6 – Intervention/Key Services
Standard 8 – On going consultant review

NHS IQ published our compliance on their website as The Trust is fully compliant with one of the four priority clinical standards (6) and we are making progress against the other 3 standards. The other 6 standards will be expected to be delivered by 2017.

Additional funding has been provided to introduce a weekend social work presence at the James Paget Hospital. This is supported by further funding for a weekend social care 'Care Arranging Service (CAS)' to support the hospital teams.
The recent 5 year forward view for mental health report stipulates that people facing crisis should have access to mental health care 7 days a week. In response to this requirement the following services are delivered; Crisis Resolution and Home Treatment (CRHT), acute in-patient beds, Section 136 suite.

QIPP

The NHSGYWCCG QIPP target for 2016/17 reflects the financial environment and we must increasingly view commissioning resources as system-funding to be shared between provider organisations to advance system objectives. It is essential that QIPP is delivered on a system-wide basis as well as within the individual organisations, and we expect the full engagement of service providers in QIPP initiatives.

NHSGYWCCG will actively encourage collaborative ventures between providers of care to reduce transaction costs and to share infrastructure investments, building services along integrated pathways, and minimising disruption to patient access and continuity of care.

We require providers to work with us to understand the true costs of providing services, as this would enable decisions on service transformation and integration to be made in the full knowledge of the implications for the organisations involved. Future pricing and risk share models will be considered by NHSGYWCCG to enable the local health and social care system to develop new ways of working whilst remaining financially viable.

The QIPP and Delivery Team will manage the QIPP programme through project initiation documents, with robust project plans, outcomes, identifications and dashboards to enable a robust project management approach. These will be monitored through individual QIPP meetings, the fortnightly financial recovery plan meeting, and the Joint Transformation Leadership Group against the key milestones.

Our approach to developing our QIPP plan has introduced both process and rigour and we understand with the need to move towards system aggregate balance this will be a collaborative approach with the potential for a shared QIPP.

Patient participation/User involvement

NHSGYWCCG will require all providers delivering services on behalf of NHSGYWCCG in 2016/17 to actively seek the views of patients / service users, carers and members of the public. The feedback gained from such patient experience activities will be used by providers to inform any proposals for service change. Patients and carers have told us that they want

information to be improved, and for better signposting to services to be available. We will expect providers to continue their focus on this during 2016/17.

Strategic clinical networks

We maintain our links with the strategic clinical networks, as well as continuing to develop both local networks within Great Yarmouth and Waveney and engaging actively in regional networks such as the Norfolk and Waveney Stroke Network and, as we move our ambitious improvement plans forward, we will bear in mind the help that the Clinical Senate could offer us in providing an external senior clinical opinion should this be beneficial. Over the five year period, we will protect access to local services but expect to see rationalisation, more throughput along bigger footprints and strategic alliances developing between acute provider organisations to achieve this.

5.4 Finance

2015/16 has been another challenging year financially for NHSGYWCCG and the Great Yarmouth and Waveney system as a whole. The CCG has planned to achieve a breakeven position at year end instead of the nationally defined 1% surplus and this reflects the challenging financial environment that the CCG in operating in. Financial plans for 2016/17 bring the CCG back in line with NHS England business rules and achievement of a 1% surplus.

NHSGYWCCG has worked closely with system partners to reduce costs in the system and commission healthcare for its population within its allocated resources.

The national NHS savings requirement has been calculated as £22 billion to be delivered by 2020/21. This was originally calculated as £30 billion but reduced as a result of the commitment to increase NHS funding by £8 billion by 2020/21. 2016/17 has seen this funding increase front loaded with £3.8 billion included in the national annual NHS allocation.

The local impact for NHSGYWCCG is a 3.6% growth in allocation in 2016/17. This growth comes with additional requirements and confirmation that there will be no further non-recurrent funding as seen in previous years. Despite the growth received the delivery of increased quality and productivity within the CCG's limited allocated resources is the key challenge for the organisation and the system going forward. It is therefore important that QIPP schemes that have been identified are embedded in order to maintain the future financial sustainability of the CCG and the Great Yarmouth and Waveney health and care system. This makes it imperative that the finance and business rules are right and that the importance of financial control is reinforced.

Resources	2015/16 £000s	2016/17 £000s
Total Programme	**307,913**	**319,346**
Running Costs	5,038	4,988
CCG recurrent allocation	**312,951**	**324,334**
Return of prior year surplus	3,071	6
ETO (non recurrent)	898	0
GPIT	638	0
CAMHS	467	0
Total resources available	**318,026**	**324,340**
"Do nothing" expenditure		
Cfwd previous year spend	304,260	316,635
Adjust prev yr non-recurring spend / income	4,156	-3,810
Revenue impacts of capital schemes	500	500
CHC	638	255
Inflation	523	5,895
Demographic change	2,996	2,383
Non Demographic	2,862	2,957
Subtotal "do nothing" expenditure	**315,934**	**324,815**
Less developments		
Better Care Fund	7,621	0
Other Developments/cost pressures/contingency	3,732	6,662
Subtotal developments	**11,353**	**6,662**
Non-recurrent % of recurring funding	**3,033**	**3,142**
Less QIPP savings	-3.93%	-4.17%
Total savings (Target for QIPP plan)	**-12,300**	**-13,520**
Subtotal do nothing less savings plus developments	318,019	321,099
Surplus/(Deficit)	**6**	**3,240**

The CCG will also have to ensure that it gains maximum benefit when making investment decisions while organisational running costs will need to be kept within the nationally mandated Running Cost Allocation (RCA).

The table below sets out the impact on the CCG's 2016/17 financial planning and savings target:

Changes in how care is currently delivered are needed to address these financial issues. To enable the transformation that is required in Great Yarmouth and Waveney there will need to be a period of transition where non-recurrent resources are required to support the system. It is transformational change that will deliver better value for money and improved patient care resulting in a financially sustainable system, and this cannot be achieved in one year.

The CCG's Financial Recovery Group continues to monitor, challenge and provide assurance to the Governing Body and NHS England on the deliverability of the financial recovery. The group also reviews internal capacity to deliver the plan and recommends any remedial action to the Governing Body, Clinical Executive Committee and Executive Team (HEX).

Our key focus to secure Great Yarmouth and Waveney turnaround is to fast-track transformational savings initiatives working with our partner commissioners and providers whilst ensuring greater value for money and efficiency in all areas. The financial plan will deliver financial balance and secure delivery of the financial metrics in 2016/17.

APPENDIX 3 high level QIPP plan

6 Programme and service Updates

6.1 Children, young people and maternity Services 2016/17

Children and young people

The CCG is committed to the healthcare of children, young people and their families. To do this effectively, it is important that we work collaboratively with the Norfolk and Suffolk local authorities, education departments, and voluntary sector and public health commissioners wherever possible in terms of services for children and young people. We will focus on areas where it has been identified that closer integrated working will achieve the maximum impact for both individuals and organisations alike, and we intend to build on existing projects and examples of good practice, where the benefits of integrated working can be shown and with the children and young people at the centre of all we do. The CCG will continue to implement the health requirements of the Children's and Families Act 2014 taking forward the Government's commitments to improve services for vulnerable children and young people and develop and agree joint commissioning arrangements for children and young people. Where appropriate the CCG will explore the development of personal budgets for children and young people.

We will work with our providers and the local authority to improve services of looked after children's services.

Following a clinical review, we expect to implement the recommendations, for short break/respite services.

Specific commissioning intentions are:

Commission a new community service model for children and young people who have learning disabilities.

The CCG is proposing to have a new community service model in place from 1 April 2016, offering community support with an enhanced service to families who have a child with learning difficulties/mental health issues, following the recommendations of Transforming Care. The purpose of which is to ensure young people are cared for in the community and admission avoided where possible.

Commission improved pathways for community pediatric services

The CCG is looking to develop integrated care pathways where possible and improve waiting times for the service.

Commission county-wide systems for children's/adolescent/young people's mental health services with our partners

The CCG will work with Public Health, Norfolk County Council and Suffolk County Council to develop and deliver the transformation plans for children and young people's emotional wellbeing and mental health to include promotion of good mental health and wellbeing alongside timely response using evidence based support and interventions for those presenting with problems. This will include working with families, early intervention services and responding to crisis and eating disorder services.

Maternity services

GYWCCG will assess and form a local response to the forthcoming National Maternity Review that has been undertaken by Baroness Cumberlege, looking to have a particular focus on perinatal mental health services.

The CCG is working with JPUH to deliver a service development improvement plan as described below; this is being achieved through the contracting process. The plan includes improvements in smoking cessation, breastfeeding rates and reduction in stillbirths. This will be monitored through the CQRM and local Maternity Services Liaison Committee (MSLC).

Maternity services development improvement plan

Description	Milestones	Timescales	Expected Benefit	Consequence of Achievement / Breach
Every woman should have a personalized care plan that should be kept up to date as her pregnancy progresses.	Using current records develop a care plan tool that can be developed with all ladies.	End of march 2016	Improved quality and consistency of information received by expectant mothers.	Reputational and a potential to increase complaints.
Community hubs ensuring community midwives co-located or integrated with universal services in the community and each GP surgery has an identified midwife. Linking with the shape of the system implementation	Map community midwives re numbers in teams, where located how much delivery is integrated and evidence of communication with health visitors etc.	End of march 2017	Improved communication between agencies and improved care for ladies.	Reputational. Poor service user feedback and communication errors which could lead in less effective care being delivered.
Provider organisation to designate a board level lead for maternity.	Identify individual and reporting requirements to board.	End of march 2017	Raise the profile of maternity within the organization.	Risks and issues in maternity services may not be shared in other forums leading to a repeat of the Morecombe bay incident.
Maternity should ensure smooth transition between midwife/obstetrician/neonatal and GP and health visitor	Maternity survey to include these questions and an audit of midwives caseloads to ascertain this information.	End of march 2016	Improved communication.	Reputational and an increase in complaints/QIR etc.
Saving lives care bundle implementation to reduce still births. • Reduce smoking in pregnancy and at time of delivery. • Risk assessment and surveillance for fetal growth restriction.	Midwives at each contact to discuss smoking and encourage and support cessation of smoking.	End of March 2017.	Reduction in stillbirths increased health outcomes for mothers and babies and safe effective evidenced	Reputational and also risk of stillbirth rates increasing and poorer outcomes for babies at birth.

• Raising awareness of advice re reduced fetal movements. • Effective fetal monitoring in labour.	JPUH to use the risk assessment from the RCOG regarding fetal growth. At 24 weeks leaflet to be given to ladies regarding reduced fetal movements. If admitted RCOG guidance to be followed. All staff to undertake an annual assessment on CTG interpretation and implement buddy system to review CTGs.		based practice.	

Antimicrobial prescribing

We plan to refresh our popular antibiotic formulary by the autumn. The CCG will monitor implementation of NICE antimicrobial stewardship guidance as set out in the rapid response in secondary care. The new incentive scheme for prescribing will include an antibiotics indicator. We will specifically incentivise a reduction in antibiotic prescribing volume; this will contribute to payment to the CCG of the associated quality premium that is due to be carried forward into the new tax year https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/

Embed use of RCGP form for self-limiting URTI – no antibiotic policy for self-limiting URTI's http://www.rcgp.org.uk/targetantibiotics/

There is a need to develop written antimicrobial education and training strategy for prescribers, especially new prescribers.

Health Education England now provide e-Learning for healthcare around antimicrobials https://www.hee.nhs.uk/search/site/antimicrobial we aim to put this into provider contracts. A package on sepsis will be available soon.
We intend to request that all commissioned services perform the NG15 baseline assessment for antimicrobial stewardship. http://www.nice.org.uk/guidance/ng15/resources

Continue to monitor, benchmark and challenge antibiotic use data down to practice level. Require action plans from outliers. National data is available at the above quality premium monitoring site mentioned above or at the national portal via http://www.nhsbsa.nhs.uk/3607.aspx

We had previously been much higher prescribers of antibiotics on the national portal indicator (items/STARPU) but have significantly improved. The CCG remains amongst the lowest prescribers of higher risk antibiotics nationally on the national portal indicator (% cephalosporins, quinolones and co-amoxiclav).
We will Implement and monitor the uptake of delayed antibiotic prescribing on EPS when it becomes available.

Public health

The CCG will ensure that prevention and health care public health principles are embedded into our integrated care approach, and will consider the benefits offered by co-commissioning services when Public Health colleagues from Norfolk County Council, Suffolk County Council or NHS England re-procure the current lifestyle services or other services. This section outlines the joint Norfolk County Council and Suffolk County Council Public Health priorities for 2016/17.

We have a very productive relationship with our public health colleagues, with a strong emphasis on prevention, and we will continue to work with public health and with the Health and Wellbeing Boards of Norfolk and Suffolk to address challenges such as rising childhood obesity levels.

The CCG will also look to work collaboratively to improve and reduce the smoking rates in pregnancy.

6.2 Cancer

Improving outcomes for cancer patients remains one of our top priorities and we will continue to work with our programme board partners to achieve this.

62 day cancer waiting standard

The cancer pathway process is monitored locally and nationally via the cancer waiting times standards. The majority of GYW residents attend the local cancer unit (JPUH) and cancer centre (NNUH) for their diagnosis, treatment and care. A small number of residents living in the Halesworth area are also referred from the JPUH to Ipswich Hospital (IHT). The lead commissioner for cancer care at the NNUH is North Norfolk CCG (NNCCG). NHSGYWCCG is the associate commissioner, and in this role liaises closely with NNCCG regarding any performance/quality issues as well as attending their weekly cancer PTL meetings. If there is a breach in the standards or a long pathway over 100 days the CCG may also involve NNCCG and NHS England. The NNUH has recently been working through a remedial action plan (RAP) to address delays in their diagnostic processes. NNCCG lead the performance management of this RAP. NHSGYWCCG is the lead commissioner for cancer unit services from the JPUH. The JPUH also holds weekly cancer PTL meetings and the CCG is invited to monthly performance reviews of these. Local cancer performance and quality are also discussed at the bi-monthly Great Yarmouth and Waveney multi-stakeholder Cancer Programme Board and at the System Resilience Group. There is also a retained GP/Macmillan GP Facilitator for cancer and palliative care.

New care models – Cancer

The 2016/17 commissioning intentions for cancer care in GYW are to develop a cancer commissioning framework to meet the six new national cancer strategy objectives, performance manage local providers re their achievement of cancer waiting times standards and the revised 2WW guidance, commission an integrated acute and community cancer nursing service, redesign local cancer care pathways to create additional capacity to meet the increasing demand on cancer diagnostic, treatment and follow up services (via straight to test for colorectal cancer, one stop MDT clinics for breast and prostate, survivorship and/risk stratified follow up for breast, colorectal, urology and lung cancer pathways and an outreach nurse led community chemotherapy service). The CCG is also working with public health and primary care to raise awareness of cancer symptoms and reduce variation in access to national cancer screening programmes.

Cancer waiting time targets

Cancer waiting time performance dipped in January 2016 with two of the metrics missing the national standard. The two failing metrics were the 62 Day Screening and 62 Day GP Referral metrics.

The 62 day screening metric saw unusually low activity in month with only 2 patients having treatment in month compared to the year to date average of 13. The 1 breaching patient for this metric was seen on 82 days but the time spent on their pathway was lengthened due to the patient failing to attend their first appointment for diagnosis.

The 62 day GP Referral was missed with JPUH clearing a number of long waiting patients in month. The trust continued this process in February and March and are due to provide an update regarding the impact this has had on performance to the system resilience group in April.

We plan to have more data activity available and analysed at the end of April which will inform our plans to achieve cancer targets for 2016/17.

GYW CCG	2WW	2wk Breast	31 std	31 sub surg	31 sub drug	31 sub rad	62 std	62 screen	62 upg
Standard	**93.0**	**93.0**	**96.0**	**94.0**	**98.0**	**94.0**	**85.0**	**90.0**	**n/a**
Jul-15	97.1	94.7	98.4	87.5	100.0	96.6	81.5	92.9	100.0
Aug-15	97.1	100.0	97.7	100.0	100.0	97.6	84.1	100.0	50.0
Sep-15	95.7	96.2	96.7	100.0	100.0	100.0	77.9	75.0	83.3
Oct-15	97.0	100.0	98.4	88.9	100.0	92.7	83.0	100.0	90.0
Nov-15	96.0	93.9	97.7	87.0	100.0	98.1	88.7	100.0	92.3
Dec-15	98.2	93.8	99.2	100.0	100.0	98.5	90.5	100.0	87.5
Jan-16	94.5	95.5	99.1	96.0	100.0	97.7	77.2	50.0	91.7

6.3 Palliative and End of Life Care

Percentage of deaths at home target

There is a national end of life care target regarding percentage of deaths in the normal place of residence.

Local palliative care performance and quality are discussed at the bi-monthly Great Yarmouth and Waveney multi-stakeholder palliative and end of life care programme board.

New Care Models – Cancer

The 2016/17 commissioning intentions for cancer care in GYW are to develop a cancer commissioning framework to meet the six new national cancer strategy objectives, performance manage local providers e.g. their achievement of cancer waiting times standards and the revised 2WW guidance, commission an integrated acute and community cancer nursing service, redesign local cancer care pathways to create additional capacity to meet the increasing demand on cancer diagnostic, treatment and follow up services (via straight to test for colorectal cancer, one stop MDT clinics for breast and prostate, survivorship and/risk stratified follow up for breast, colorectal, urology and lung cancer pathways, a community cancer nursing service and an outreach nurse led community chemotherapy service). The CCG is also working with public health and primary care to raise awareness of cancer symptoms and reduce variation in access to national cancer screening programmes. The CCG is also working with stakeholders to develop a “cancer dashboard” to incorporate the new Quality Premium measures for cancer (improvement in diagnosis at stage 1 and 2 >60% and achievement of the 62 day wait from urgent GP referral to first treatment for Q4 for 2016/17.

6.4 Mental health and learning disabilities

We continue to work in partnership with the Norfolk and Suffolk Foundation Trust (NSFT), Suffolk and Norfolk county councils and a range of third sector organisations to meet the mental health needs of the population of Great Yarmouth and Waveney.

The mental health taskforce strategy proposes that people facing a crisis should have access to mental health services 7 days a week and 24 hours a day.

STP’s are encouraged to focus on 24/7 CRHT services for both adults, children and young people. A 7 day crisis response service with a multi-agency suicide prevention plan. And a 24/7 urgent and emergency mental health response for people attending A&E or admitted as inpatients.

Currently Norfolk and Suffolk Foundation Trust (NSFT) provides the following services over 7 days for people in Great Yarmouth and Waveney:

- Adult acute inpatient services including one Section 136 suite (Northgate)
- Older people continuing care services (Carlton Court)
- Dementia assessment beds (Beach Ward, Hammerton Court)
- Older people acute inpatient services (Sandringham Ward, Julian Hospital)
- Police control room team (for Great Yarmouth only)

Access to psychological therapies remains a key priority for both the government and our CCG. In partnership with the Norfolk CCGs we procured a new Wellbeing Service which commenced in September 2015. This is provided by NSFT in partnership with MIND and Relate. Performance continues to be monitored and the service continues to work towards an access target of 15% and a recovery rate of 50%.

Dementia diagnosis rates remain below the national target of 67% and the CCG is working with GP practices and NSFT to look at how this can be increased. Due to this joint working we have seen dementia diagnosis rates 64.2% (increased from 63.4%) with a plan in place to achieve the national target in year. The Dementia and Complexity in Later Life (DCLL) pathway has been implemented by NSFT and the flexible dementia service in Waveney continues to support this. Although the complexity of cases has increased, these services continue to reduce admissions, length of stays and delayed transfers.

We have worked with NSFT on the implementation of the outcomes of the public consultation for adult and dementia services provided in Great Yarmouth and Waveney. There is now one acute unit on the Northgate Hospital site for Great Yarmouth and Waveney patients with 20 beds and an integrated Sec 136 (place of safety) suite. This is supported by one enhanced Crisis Resolution and Home Treatment Team.

We participate in the Norfolk dementia Strategy Implementation Board and Suffolk services and are soon to bring proposals to the table to improve post diagnosis care and support.

The CCG welcomes the introduction of a dementia research institute and looks forward to accessing and utilisng any valuable research and best practice information that will be developed. In the meantime we will continue working with our local dementia research agencies.

NSFT has continued to be monitored in relation to their Care Quality Commission (CQC) “inadequate” rating. Stakeholder assurance meetings have taken place and the CQC is due to visit NSFT services again in the summer of 2016.

We have contributed to the development of the area’s joint learning disabilities health self-assessment, which will continue to inform health and social care of key priorities for the next year.

Following on from Winterbourne View (20120) Great Yarmouth and Waveney CCG is partnership with the Norfolk CCG’s and Norfolk and Suffolk County Councils are committed to improving the health and outcomes of people with learning disabilities and autism, and transforming services to improve the quality of care throughout people’s lives. The programme of work focusses on all services within the NHS, working to deliver significant improvements in the care of children, young people and adults. One of the key priorities is to ensure, where it is clinically appropriate, that people who are placed in in-patient care, move to less restrictive environments and community settings with support.

As commissioners of services we will ensure:

- People who do not need to be in hospital will be discharged
- The right community services are available to support people in their own home
- Only those people who require admission to hospital are admitted
- By March 2019 we are spending less on inpatient services and more in the community

This is a result of the recommendations of the Winterbourne View report. The CCG is actively engaged in the Transforming Care Programme working with our partner organisations and providers to ensure people with a learning disability are clinically appropriately placed in the least restrictive environment and we are one of the partner organisations in the Norfolk and Waveney Transforming Care Partnership. The CCG is working in partnership with a range of stakeholders to redesign the children and adult

Learning Disabilities services in Waveney in line with the recommendations of the Transforming Care Programme.

Appendix 4 LD Redesign Implementation Timeline

Health and joint-funded packages of care for people with mental health issues and/or learning disabilities continue to increase, as does the complexity of these cases.

We have completed a number of clinical reviews during 2015/16 which looked in detail at the following services, Carlton Court that provides continuing care for older people with dementia and mental health issues, Feedback, the local service user organisation, Great Yarmouth and Waveney MIND and 44 Kirkley Cliff. This will inform our commissioning for these patient groups during 2016/17.

Two new mental health access standards

- By April 2016 50% of people experiencing their first episode of psychosis will be treated with a NICE approved care package within two weeks of referral, this will rise to 60% by 2020/21. The CCG has received a business case from NSFT to be able to deliver this standard. This will need to go through the governance processes of the CCG and will then be in the 2016/17 contract as an in year SDIP.

- 75% of people with common mental health conditions referred to the Improving Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95% treated within 18 weeks. These standards are included in the contract for the Wellbeing service which commenced from 1st September 2015. These are currently being achieved and this will continue in 2016/17.

This work is being coordinated through the programme board and will be included in the contract with the mental health trust for 2016/17.

CAMHS transformation plan 16/17 has been assured by NHS England and approved by the Governing body.

Priority areas will be:

- Early help
- Accessibility
- Eating disorders
- Crisis support

GYWCCG are currently undertaking a service re-design for children and young people who have learning difficulties and CAMHS needs looking at moving from a bed based service to having a community enhanced offer working with people aged 0-25 years hoping to avoid family breakdown ,need for admission and out of county placements etc.

6.5 Urgent care and system resilience

Out of hospital care

The CCG's vision is to provide care out of hospital and at home whenever it is safe, sensible and affordable to do so, with that care organised around the patient, focusing on individual need and promoting independence.

To support delivery of this vision, we commissioned East Coast Community Healthcare and Adult Social Services to provide an integrated health and social care out of hospital service in the Lowestoft area from 1 April 2014 and in the Great Yarmouth area from April 2015.

The CCG also commissioned five beds with care for Lowestoft from April 2014 and seven beds with care for the Great Yarmouth area from December 2015.

These developments have played a key role in helping HealthEast achieve its objectives of providing joined-up care closer to home while reducing emergency admissions to hospital beds. It also supports our County Council colleagues in Suffolk and Norfolk in reducing the need for long-term care home placements.

Out of hospital services have two key elements:

- The out of hospital team is a multi-disciplinary team of health and social care professionals who provide care at home whenever they can. They offer intensive, short-term care, reducing as the patient regains their health and independence. Care is holistic, coordinated, responsive and goal-focused, and delivered using a case management approach. The team is supported by generic workers who carry out basic nursing, therapeutic and personal care tasks. Shared values and aims underpin the care delivered by the team, while joint triage and assessment processes are also in place.

- Beds with care are available for patients who do not need an acute admission but require more care than can be safely delivered at home. When a bed with care is needed, it will be provided in a setting which will fully meet the patient's clinical and care needs. It will also be as close to the patient's home as possible. All admissions to beds with care are managed by out of hospital teams following assessment of the patient. The teams provide in-reach to beds with care and support the patient to prepare for discharge back home.

Out of hospital services are available 24/7. The teams have 24/7 senior nurse and rehabilitation support worker rotas and senior therapists and social workers covering seven days. Admission to a bed with care is possible seven days a week.

Both the Lowestoft and the North teams have proved an enormous success since their introduction, with the model of care receiving national recognition and generating much interest from across the health service. By successfully caring for patients at home or in a bed with care, the teams have significantly reduced the number of emergency admissions into hospital.

Since its inception in April 2015, patients cared for by the North out of hospital team have expressed high levels of satisfaction; within the first six months of the establishment of the North team 87% of patients reported being very satisfied. Specific feedback has included:

- Everyone was friendly and helpful they did not rush me, they suggested and provided equipment
- The service is wonderful and I have been telling everyone about it. As a physically disabled person, hospital can be very difficult to cope with as the equipment and

devices used in one's own home are not there, but the team helped me to use them at home

It is the CCG's intention that out of hospital teams and beds with care will be rolled out across the rest of the system (South Waveney) during 2016/17.

Urgent and emergency care

The health and social care system continues to work together to ensure resilience across the Great Yarmouth and Waveney area for those patients accessing urgent care services.

The system has a local System Resilience Group (SRG) in place, supported by the Great Yarmouth and Waveney Urgent Care Board (UCB). These forums include representation from the following organisations including senior clinicians chairing meetings to ensure a whole system 'clinical' viewpoint can be given:

- HealthEast
- Local GPs
- James Paget University Hospitals NHS Foundation Trust (JPUH)
- East Coast Community Healthcare (ECCH)
- Norfolk and Suffolk Foundation Trust (NSFT)
- East of England Ambulance Service Trust (EEAST)
- Norfolk Social Care
- Suffolk Social Care
- Integrated Care 24 (IC24)
- Norfolk and Norwich University Hospitals (NNUH)
- Great Yarmouth Borough Council
- Waveney District Council
- Third sector representation

The UCB meets on a regular basis to discuss operational issues and those developments which require prompt implementation to ensure resilience across the urgent care system. The UCB is also responsible for the development of the systems integrated resilience plan.

The SRG meets on a monthly basis and is the forum where all partners across the health and social care system come together to undertake the regular planning of service delivery and strategic developments. This includes overseeing the coordination and integration of services to support the delivery of effective, high quality accessible services which are good value for taxpayers.

In addition there is an East of England Urgent and Emergency Care Network to give strategic oversight of urgent and emergency care on a regional footprint and focus on programmes that cannot easily be delivered at a more local level by SRGs or CCGs e.g. heart attacks, major trauma, critically ill children.

We will not be renewing the contract for the walk in centre at Greyfriars as we don't believe it provides value for money. We will be reinvesting in more effective models of service. We are also committed to ensuring that we provide better support for those who are homeless across Great Yarmouth and Waveney.

We will also work with our providers to ensure we better meet the needs of patients with mental health problems as a better solution for them than frequent attendances to A&E.

The CCG overall strategy to underpin urgent and emergency care services is the Shape of the System; that is to prevent unnecessary admission to hospital, particularly those aged 75+ and to reduce the length of stay for those that have needed to be admitted. The care of those identified is overseen and delivered by the integrated multidisciplinary out of hospital team. This service has a direct impact on reducing unnecessary attendances and admissions, thereby reducing the risk of the acute hospital being overwhelmed by complex patients in A&E or the in-patient wards.

This focus includes emergency admissions relating to falls in the elderly and COPD.

Ambulance standards remain a challenge due to additional demand in the rest of Norfolk. IC24 (111 and OOHs) remains a high performing service having a positive impact on ambulance activity with noticeable significant reductions in 111 ambulance dispatches and triage calls referred to A&E (both of which are below the England average).

The CCG will be working closely with IC24, EAAST and the Norfolk CCGs around the development of the Clinical Service Hubs which will align access points into urgent and emergency care.

The ambulance trust has trialled a new model of HALO roles in JPUH which have proved to be very successful. The SRG has agreed the need to continue with these roles and EEAST will roll out the learning from the new model pilot within their patch. In addition, the introduction of an enhanced psychiatric liaison team pilot working with A&E and EEEAST has proved very successful in supporting those individuals with complex mental health needs and reducing attendances at A&E.

Integrated resilience planning

The Integrated Resilience Plan for 2015/16 has been developed with the UCB to ensure all stakeholders are aware of initiatives which have been put in place to support the system over the busy winter period, and also to support longer term year round resilience.

A range of service developments have been initiated during 2015/16 to support resilience of the Great Yarmouth and Waveney urgent care system and patient flow within our acute trust. These include:

- Continued development of out of hospital teams, in particular the North out of hospital team supporting patients as far south as Hopton right up to the Northern Villages
- Provision of an additional seven beds with care in the community (five in central Yarmouth and two in Hemsby) which are supported by the North out of hospital team and two beds in Reydon supported by Sole Bay Health Centre
- Development of a seven day service within the Ambulatory Care Unit at JPUH
- Implementation of the FLO programme at JPUH to support discharge planning and patient flow throughout the hospital
- Provision of NHS continuing health care discharge to assess beds. A total of 12 discharge to assess beds are provided across Lowestoft for the benefit of all Great Yarmouth and Waveney patients
- Hospital Ambulance Liaison Officers to both assist handovers and also pathway development for ambulances conveying to the local acute trust
- GP triage of ambulance calls received by the 999 emergency services
- Re-triage by Advanced Nurse Practitioners of NHS111 calls resulting in a disposition to dispatch a G2 (on scene within 30 minutes) or G4 (on scene within 90 minutes) ambulance

- Increased provision of acute psychiatric liaison within A&E to provide a seven day a week service for adults, additional CAMHS services at weekends and provision of support at home through the third sector
- During peak periods, streaming from A&E to the GP out of hours primary care service for those patients presenting with a minor illness.

The plan also includes the operational processes in place should there be peaks in activity or issues which need resolving to support patient flow and ensure capacity. Throughout the year the James Paget Hospital's A&E department has maintained a high standard of care and good performance against the national four hour target. It remains a high performing department during a year when many acute trusts have struggled with performance in this area.

Intermediate care beds

The model of referral and admission for beds with care through the Out of Hospital Team should also apply to intermediate care beds. This will ensure the best decision can be taken for the patient about where their health and social care needs can best be met and will ensure continuity of care when the patient returns to their place of usual residence

The CCG is developing plans for provision of intermediate care beds for Great Yarmouth and Waveney. These plans to be realised by autumn 2016. Such a facility would be:

- Targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care, long term residential care or continuing NHS in-patient care.
- provided on the basis of a comprehensive and holistic assessment, resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery or that provides palliative / End of Life care in the patient's preferred place of care / death.
- Have a planned outcome of maximising independence and typically enabling patients and service users to resume living at home.
- Be time-limited, normally no longer than four weeks and frequently as little as one to two weeks or less.
- Involve cross-professional working, with a single assessment framework, single professional records and shared protocols.

Learning from the beds with care model in Lowestoft has identified that some patients, whilst not requiring an acute hospital bed, have health and social care needs which cannot be safely met by the bed with care model. For some patients, the complexity and, or intensity of their health and social care needs are such that beds with care, either

- Cannot provide appropriate care
- Cannot sustain the necessary level of input required
- To meet the patient's needs and achieve the best outcomes for them

Patients requiring intermediate care beds

In the main, patients falling into the category of requiring care in an intermediate care bed can be described as those with:

- Longer term needs due to medical and, or social/domestic complexities which need to be resolved in order to progress the patient in achieving their optimum outcomes
- Requirement for end of life or palliative care
- Requirement for IV therapies or transfusions
- Post-operative rehabilitation care needs
- Short term but intensive rehabilitation needs such as unwell neurological patients
- Challenging behaviours requiring some periods of 1:1 support

Going forward

In order to optimise the workforce resources required to deliver this type of facility and ensure high quality care, intermediate care beds should be provided in one specialist location.

Intermediate care beds must be provided at a location where:

- Complex nursing needs can be delivered
- Therapy and rehabilitation support is available, on site, across 7 days,
- Medical cover, provided by general practice, is tailored to meet the demands of medically complex patients
- Social care input is available, on site, across 7 days
- The CCG is looking to substantiate the mental health liaison in A&E and the HALO post going into 16/17
- The roll out of out of hospital teams continues as per the shape of the system and it is planned that areas in South Waveney (Kessingland, Southwold, Beccles and Bungay) will have teams by winter 16/17.

NHS 111

A&E recommendations

The national average for recommendations to attend A&E from 111 triaged calls in 2015 is currently at 8.29%. Great Yarmouth and Waveney have averaged for the year 6.11% and frequently been one of highest performing regions in terms of maintaining low A&E recommendations.

Advanced Nurse Practitioner (ANP)

An ANP re-triage service was implemented at weekends and bank holidays from August 2015, with ANP staff based at the call centre reviewing Green ambulance dispositions prior to dispatch. Since August 2015 94% of calls reviewed by the ANP re-triage service have redirected from an ambulance dispatch disposition.

Clinical advice hub

In the coming year NHSGYWCCG will be working in conjunction with the NHS111 provider IC24 and potentially other CCGs to create an Integrated Clinical Advice Hub, as advised by NHS England's 111 Commissioning Standards. The Clinical Advice Hub will be based within the providers' call centres and will be referred to directly by call handlers to ensure callers/patients receive the right advice first time. The hub will potentially be staffed by GPs, ANPs, paramedics, dental nurses, mental health advisors, pharmacists and more.

Clinical service reviews

GYWCCG has been undertaking a number of clinical service reviews to support work stream development and inform future integrated urgent care planning. These have all been clinically led using the expertise of retained GPs with management support. Services reviewed include ambulance/A&E activity, Lowestoft and North out of hospital teams, Beds with Care, Greyfriars Walk in Centre, community hospitals and acute inpatient activity. Clinical service reviews will continue to be a key feature of urgent care service development.

6.6 Primary care

Great Yarmouth and Waveney has 25 GP practices and eight branch surgeries which provide primary care services for our population of 230,000. The CCG engages regularly and supports our member practices, working alongside them to develop a thriving primary care service capable of delivering quality care to all of our patients. The CCG's role is always evolving and from 1 April 2016 NHS England approved the CCG to take on delegated responsibility for specified general medical care functions.

Our role includes:

- Sharing information with GP practices through our monthly practice managers' forums, clinical leads meetings and regular emails
- Being a useful information resource for practices
- Engaging with NHS England and other key stakeholders
- Collating information and data for auditing purposes
- Liaising with colleagues and providers to make sure they understand local enhanced services
- Verifying collaborative working arrangements with social services and primary care
- Supporting the evolving GP IT strategy
- Arranging continued professional development training and development opportunities for practice nurses
- By aligning primary and secondary care commissioning, it also offers the opportunity to develop more affordable services through efficiencies gained

Through the mechanisms listed above we have been able to engage local primary care staff in discussions about the sustainability of the local workforce, including exploring new models of care. This work will continue into 2016/2017 and we are working closely with GP trainers to develop GP fellowships to boost recruitment and bring additional expertise into primary care. We have been supported with some central funding to take forward Primary Care Transformation Fund bids to ensure that key elements of IT and infrastructure are in place to support new models and create better, more integrated environments for primary and community teams.

APPENDIX 5 strengthening primary care plan

6.7 NHS Continuing Healthcare

NHS Continuing Healthcare continues to be an area of transformation for the CCG. In the past year the service has reorganised in order to deliver a better service to the population of Great Yarmouth and Waveney and patients now receive an 'end to end' service from a geographically based nurse who is responsible for the NHS Continuing Healthcare journey from referral through to discharge.

The NHS Continuing Healthcare team has focused on other identified areas for improvement, as a result of which eligibility reviews for NHS Continuing Healthcare have been completed and there is a commitment to ensure that on-going quality and eligibility reviews are completed initially at three months and then annually.

The pathway for delivering NHS Continuing Healthcare at James Paget University Hospital has been redesigned by practitioners who have worked collaboratively together to improve the patient experience. The appointment of a CCG Lead Nurse for NHS Continuing Healthcare whose focus has been on the James Paget University Hospital pathway has led to a better service for patients who no longer have access to the 'placement without prejudice' scheme. Appropriate patients within the NHS Continuing Healthcare pathway are instead discharged to a 'Discharge to Assess' care home bed, of which there are 12, re-enablement is delivered and then the patient is assessed for NHS Continuing Healthcare at a time that is most appropriate to their presentation.

Moving forward there are plans for recruitment into the NHS Continuing Healthcare team, including the employment of at least one Registered Nurse, with a background in learning disabilities, who will case manage NHS Continuing Healthcare patients within this important patient group whilst working with the community learning disability teams in Norfolk and Suffolk.

From April 2016, joint home care procurement with Norfolk County Council will be implemented with patient care becoming seamless as Norfolk County Council and the CCG commission care from a single provider within a universal service specification.

Personal health budgets

The CCG is developing our Local Offer and will be in place on 1 April 2016. The CCG is developing a strategy and policy to provide strategic intent and direction in the roll out of PHBs. The wider roll out of PHBs will be included within the 2016 CCG commissioning intentions in order to support and direct contractual arrangements with providers to remove funding from block contracts to enable affordable funding of PHBs.

7 Workforce and organisational development

7.1 As an employer

The CCG's focus on the development of our people remains focussed on four key areas:

- Capacity and capability to deliver
- Quality and Governance
- Leadership and organisational effectiveness
- Engagement with staff, public, primary care and other system providers, CCGs and our Commissioning Support Unit

This is supported by an organisational development work plan which is refreshed annually. Through this process we use a Talent Mapping tool to target developmental activities to benefit both the organisation and individuals.

We believe that continuing and enhancing this focus will result in becoming a successful organisation that delivers for the population of Great Yarmouth and Waveney and one that is recognised as an employer of choice.

We are aspiring to be a learning organisation and are clear that the skills, experience and potential of all our staff are pivotal to our future success and sustainability. We continue to invest in their personal and professional development and we have clear and credible plans for talent management.

The voice of our staff is important to us and we will continue to actively seek their views on how we can continually improve – using briefings, surveys, appraisals and our established staff forum to engender open and honest dialogue.

As a part of the local health system we recognise that we need to lead by example and we aim to consolidate and enhance our approach to staff health and wellbeing.

Getting our workforce and organisational development right will not only maintain our success as an organisation but will underpin and prepare us for the challenges of our ambitious five year vision.

7.2 Workforce planning and development across our system

The CCG fully recognises the importance of workforce planning and development across the whole of our system and as such is fully engaged with both the Norfolk and Suffolk workforce strategic groups. In order to support our local system further a local Great Yarmouth and Waveney Workforce Forum was established by the CCG in May 2015 linked to a broader strategic vision for a virtual “Integrated Care System” (ICS) across Great Yarmouth and Waveney. The principle: doing things better together in an “integrated way” to enhance system workforce. Membership of this group is extended not only to NHS and social care providers but the local district councils also have very useful representation.

The forum gives all the providers and commissioners in the Great Yarmouth and Waveney system the chance to meet and prioritise how we take integration activities forward together while enhancing the potential of our workforce.

Integration is a key strategic ambition for all our organisations and this forum will help us to agree what workforce areas we can jointly focus on. This forum looks at opportunities to build on or develop integrated workforce activities that will benefit the whole system. The forum members also share information/best practice to enhance system wide workforce development. The forum is very much action focused and as such has an agreed action plan which is developed and monitored on an ongoing basis.

Our local workforce forum works to the priorities of Great Yarmouth and Waveney leadership and reports into the Senior Leadership Partnership Board. Our intention is to work collaboratively with our partners to ensure that the staff aspects of integration are managed in such a way that support a sustainable, viable and effective integrated care system with:

- Maximised and appropriate capacity and capability and staff working to common values
- Workforce plans that align to the vision
- Excellent leadership with system resilience for the future
- Joint posts and co-located teams
- Collective budgets used effectively for staff development, generic roles and system organisational development

7.3 Staff health and well being

As a system we recognise that without staff that are well and at work, our system could not deliver quality and effective care to patients. We are committed to ensuring that staff are provided with an environment and opportunities that encourage and enable them to lead healthy lives and make choices that support their wellbeing.

A successful health and wellbeing programme cannot be done as a quick fix, it requires engagement, time and commitment so we are looking at the health and wellbeing of our system staff as a workforce priority and plan to fully utilize the tools and support in this area from NHS England and NHS Employers.

The CCG has also committed to staff health and wellbeing CQUIN's with our providers which will target important initiatives which support staff health and wellbeing.Improving the health and well-being of our NHS staff is a priority for us all. This brand new three part indicator will focus on getting our staff better access to health and wellbeing initiatives, supporting them to make healthy choices and lead healthy lives. The collective effort we make will support good outcomes for patients, through delivering continuity of care, and will help contribute to the financial position of providers through reduced sick days and potentially through reduced agency spend. Evidence from the staff survey shows that improving staff health and well-being will lead to higher staff engagement, better staff retention and better clinical outcomes for patients'.

The three part indicator includes the following:

- Introduction of health and well-being initiatives to improve the support available to NHS staff to help promote their health and well-being.
- Healthy food for NHS staff, visitors and patients.
- Improving the uptake of flu vaccinations for front line clinical staff.

7.3 Primary care workforce

As primary care workload rises, the workforce is shrinking. For various reasons – workload, income, pension changes and demography - we are facing accelerated loss from the primary care workforce, including both GP and nurse positions. At the same time, intake to GP training schemes is dropping, with recent intakes being under-subscribed. Places have been expanded to attempt to offset the accelerated losses but, with newly trained doctors choosing not to train as GPs, the loss rate is resulting in a shortfall of GPs to meet the needs of the NHS. The CCG recognises that more recruitment is not the answer to this challenge – the GPs, Practice Nurses (or Paramedics for example) simply are not out there. Whilst historically GPs looked after on average 2,000 patients, the workforce challenges will require this figure to be closer to 3,000 in the future and as such will need to adopt methods of working within the practice to adapt to this.

Locally these challenges are felt in practices depending on locums rather than substantive staff, restricted hours and shared cover arrangements, decreasing access for patients to their own GPs and mergers and acquisitions of practices. Significantly it is increasing the stress on the partner pool we still have, thus accelerating the workforce challenges.

Novel roles in primary care are being developed nationally, alongside efforts to improve and increase the retention of the GP workforce and increasing primary care nurse training. The

CCG will help our practices to make the most of opportunities available through developing a new workforce, ensure it is established, and operating in a more effective way. This will require a certain amount of organisational development for some practices to help them alter workflows and integrate new roles into their teams.

The CCG has successfully received funding from Health Education England to develop and set up a Great Yarmouth and Waveney Community Education Provider Network (CEPN). Our CEPN will provide a focus for multi-professional communities of educational practice in our local geography and local leadership in the development of high quality, locally-tailored education and training for staff in primary and community care. The network should provide the opportunity for "groups of primary and community care organisations to come together with partner organisations as a group of like-minded organisations to collaborate with regard to workforce planning and the coordination of education and training".

CEPNs will support the delivery of a workforce capable of meeting the needs of the local population's health and improving clinical outcomes. CEPNs will increase the quality of clinical environments in primary care, increasing the number of practices and organisations involved in training and the number of placement opportunities. One objective of the network is to improve leadership and management skills of our local practices as well as ensuring the coordination of CPD funding. This group will be instrumental in driving a number of workforce projects over the coming years to ensure we have the right primary care workforce for the future.

Our CCG has also been successful in a bid to run the national Clinical Pharmacists in General Practice pilot which will be fully recruited to and up and running from April 2016**.** The work recognises the significant contribution clinical pharmacists could make to managing the workload associated with long term condition patients particularly, and therefore helping to make services more effective and the GP workforce more efficient.

The development of an MSc Programme in Physician Associate studies at the University of East Anglia (UEA) was a regional response to the workforce challenges facing primary care. These innovative roles will take bioscience graduates through a two year programme, leading to them being able to operate in patient facing roles, for example taking patient history, conducting a clinical examination and drafting a treatment plan. The first course is being funded by Health Education England.

The CCG will also actively support the UEA in the development of the Physician Associate MSc course, facilitating access for students to primary care placements in member practices in 2017. Currently the CCG is working closely with our patient forums in all GP practices to get their important feedback and input into the development of these new roles.

The CCG will continue to work with practices to develop the roles of nurses, out of hospital teams, working within and associated with, primary care.

Development and creation of roles within nursing via prescribing roles, mentoring and inclusion of student nurses in practices, are all examples of how nurses could be supported, developed and utilised further. The CCG will continue to promote and aid this development wherever possible. The CCG will also continue to facilitate CPD and education events.

The CCG will also support practices to explore how other categories of staff can be used to support primary care; examples could include health coaches and apprentice schemes.

As part of our strengthening primary care plan the CCG will encourage and support practices in ways to improve their own staffing efficiency, considering options such as technological changes or sub-contracting, to support their primary care activities.

The CCG can ensure that new ideas and best practice is shared amongst practices, helping to facilitate change where possible. Practices can commit to review of working practices, considering new ways of working and opportunities to collaborate. Throughout our five year plan primary care workforce development will continue to be a priority with regular reviews on progress and the delivery of our strengthening primary care plan.

8 Quality and safety

8.1 Research and innovation

Health research is essential to continually improve health outcomes and the effectiveness of health services for patients. The new Health and Social Care Act reflects these commitments and places a clear duty on Clinical Commissioning Groups (CCG) to promote research and champion innovation. Patient and clinical involvement in research by general practitioners and local provider trusts across NHSGYWCCG is growing.

The CCG's statutory duty to promote research includes:

- Supporting participation in research by clinicians and patients
- Supporting research and the use of research evidence
- Proactive engagement with local partners to enhance the research and innovation culture of the health system
- Meeting treatment costs for patients taking part in research (including any Excess Treatment Costs[1])
- Supporting the activity of the Norfolk and Suffolk Primary and Community Care Research Office (Research Office), through the Memorandum of Understanding with other CCGs
- Adopting the Norfolk and Suffolk Research Strategy which addresses CCG research leadership, education, use of evidence and research partnership working with a wide range of partners

The Director of Commissioning, Quality and Chief Nurse will lead the CCG's research responsibilities and will support the cross system leadership of research and innovation through membership of the Norfolk and Suffolk Research Steering Group. This steering group has a mandate to shape the future direction of research across Norfolk and Suffolk and oversees arrangements for research promotion, development/design, management and patient involvement through the Research Office.

This group will work to ensure that Norfolk and Suffolk CCGs are at the forefront of science, research and innovation and able to take advantage of the learning from the forthcoming test bed programme. This group will help guide how services changes over the next five years can embrace breakthroughs in genomics, precision medicine and diagnostics. There will be an increased emphasis on engaging with and understanding research activity across provider

[1] Where patient care is being provided which differs from the normal, standard, treatment for that condition (either an experimental treatment or a service in a different location from where it would normally be given) the difference between the total Treatment Costs and the costs of the "standard alternative" (if any) can be termed the *Excess Element of Treatment Costs* (or just "**Excess Treatment Cost**"), but is nonetheless part of the Treatment Cost, not a Service Support or R&D cost. *DH HSG(97)32*

organisations and how the steering group and research team can contribute to the growing innovation mandate of CCGs.

In line with, NHS England's Research Strategy recommendations, the CCG will be working with and through the Research Office to:

- Develop a research community that meets the needs of the GYW population particularly James Paget NHS Foundation University Trust, East Coast Community Health Care, General Practices, CRN Eastern, CLARCHS and UEA to support joint owner of research and increase involvement of clinicians and patients
- Enhance research dissemination and use of evidence particularly through GP Education routes and through the communication mechanisms available to the CCG
- Identify commissioning priority areas for research call-outs to academic organisations and actively develop research proposal with Research Design Leads and UEA academics for submission to Research for Patient Benefit programmes
- Use its Research Capability Funding to enhance research development through a primary care bursary scheme
- Feed the systematically review of evidence generated to support these research submissions into CCG commissioning programmes
- Review local policy arrangements for funding Excess Treatment Costs and assessment on the alignment with NHS England's recent guidance on funding these costs
- The CCG recognises the importance of the three stages of the innovation agenda – invention, adoption and diffusion and has a statutory duty to champion innovation and the adoption of innovation. The CCG has a director who takes responsibility for the innovation agenda. This ensures strong leadership and accountability for innovation within our organisation. The CCG will be working to implement the agreed recommendations of the Accelerated Access Review including developing ambition and trajectory on NHS uptake of affordable and cost-effective new innovations.

In line with the increasing need to accelerate system innovation, the CCG will:

- Through the academic, provider and research partnerships that constitute the Norfolk and Suffolk Research Steering the CCG will review and strengthen CCG innovation plans and ambitions
- Be an active partner with CLARHC, UEA and provider trusts
- Work with the Research Office and partners to develop an evidence and innovation adoption post that will support increased involvement in the adoption and spread of evidence and innovation for priority areas
- Develop its partnership with Academic Health Science Network (AHSN)

The CCG has contributed to the development of a service improvement programme with partners from across Norfolk CCG improve the access to out of hospital care. Where possible this plan will be used to make joint bids to regional funding initiatives like CLARHC and also to work with UEA to knot this programme into trainee academic and public health programmes. These collaborations will be used to identify funding streams for early adoption projects. Particularly we will explore the use of NHS England's Innovation portal and exchange initiatives to enhance the CCGs innovation intent.

Quality

The learning from the Francis report is at the heart of our commissioning responsibilities; Duty of Candour has been embraced by the providers that we commission services from. These organisations continue to demonstrate a commitment to transparency to patients where they make mistakes or cause harm to patients. We will continue to work with all of our providers to ensure that this is truly embedded in all practice and that it is replicated within the health economy of Great Yarmouth and Waveney. We have adopted the 'Sign Up to Safety' campaign.

Open and effective Contract Quality Review Meetings (CQRM) will continue to take place and we will develop the contracts with providers to include comprehensive and relevant opportunities to provide assurance including the development of local quality requirements. We will expand on our clinical visit programme to get further assurance about the quality of care being delivered.

The CCG will continue to work collaboratively with health and social care regulators, stakeholders and providers to monitor and support and develop the provision of safe, caring, effective, responsive, and well led care. This will include professional regulatory bodies (For example; General Medical Council, Nursing and Midwifery Council, Health and Care Professions Council), Monitor, The Care Quality Commission, Healthwatch and patient groups.

Sufficient numbers of staff that have the right skills, attitudes, commitment and motivation is crucial to the delivery of a high quality health service within Great Yarmouth and Waveney. All providers are required to undertake staffing reviews at a minimum frequency of six monthly using relevant and robust patient dependency and acuity tools (where they exist) and, where applicable, caseload reviews for the clinical workforce such as community nurses and mental health teams. For in-patient services we require that nurse/midwifery staffing levels (actual and established) are published within each ward on a day by day basis. Trusts must publish their staffing data on their websites and upload to NHS Choices on a monthly basis. There will be a requirement for providers to undertake annual training needs analysis reviews, leadership development, and ensure succession planning is considered for key and hard to recruit to posts.

We will continue to work with Norfolk and Suffolk County Councils to ensure continued robust monitoring of people with learning disabilities placed in private hospitals, out of area, or specialist commissioning group commissioned beds regardless of whether they are joint or health funded placements. We will ensure that we have knowledge of all relevant placements and that each patient has a robust management plan which is reviewed to ensure progress is being made. We will ensure patients and families are involved in planning for their care.

Great Yarmouth and Waveney has appointed a Designated Clinical Officer for Special Educational Needs and Disability (SEND) for Norfolk and Waveney. This is a hosted post as defined within a Memorandum of Understanding between the five Norfolk and Waveney CCGs. This post will enable commissioners to develop processes and reporting mechanism which will allow assurance that they are meeting their statutory duties with regard to residents with SEND as detailed in the Care Act (2014).

Opportunities for us to learn from serious incidents, never events and complaints are of utmost value to us. It is important that we view each of these as an opportunity to identify the potential for improvement. We will acknowledge to patients and families where issues identified represent an instance when the health system within Great Yarmouth and Waveney

has resulted in harm or dissatisfaction with the services that we commission. All providers must demonstrate that they have mechanisms in place to fulfil the duty of candour and this is monitored through contract and quality reviews. Serious incidents that are reported by our providers are monitored and reviewed by the Quality and Safety Team. In addition to this, thematic analysis is undertaken to ascertain the presence of any common themes within these serious incidents. Never events are scrutinised and discussed at every CQRM, including progress reporting of improvement plans in place to eliminate the instances of such events. There is a zero tolerance of never events by the CCG and contractual action is taken when they occur.

The CCG has appointed an in house PALS and complaints team to receive and respond to patient complaints and enquiries about people's experience of services commissioned by the organisation. Patients are also signposted to appropriate contacts where issues relate to services which are not directly commissioned by the CCG.

The Quality and Safety team liaise directly with providers to investigate issues in order to provide a response to the complainant. Once our response is complete, they are reviewed by the Director of Commissioning and Quality or Deputy Chief Nurse and, before sending, have final review and are signed by the Accountable Officer. Where complaints relate directly to the CCG lessons learnt will be built into improving services.

The CCG will ensure that there is a contractual requirement for providers to report on complaints and incidents at Clinical Quality Review Meetings. This will include information about the themes and trends to enable a deeper discussion and an understanding of how lessons learned will lead to improvement. The CCG will further develop processes to undertake provider reviews and visits if the number, or indeed the absence of complaints, serious incidents and never events indicate the need for closer scrutiny.

The reporting of incidents and near misses, regardless of the level of harm incurred, is of vital importance. There are varying levels of reported incidents from provider to provider; this is raised at provider CQRMs and has been escalated to directors of nursing, quality and medical directors as applicable. Improved reporting of medication errors is a priority for the CCG including prescribing errors, administration errors and dispensing errors.

NHSGYWCCG encourages the use of Quality Incident Reporting (QIRs) which allow clinicians from organisations including primary care, care homes, as well as the main providers to raise concerns about single incidents relating to other such providers of health and social care. These incidents are reviewed singularly and collectively to identify concerns and themes. When this occurs, thematic reviews are undertaken and addressed with the relevant providers. However we encourage people to directly contact other organisations where possible to resolve issues and we recognise that there is a place for both methods of resolving concerns.

Within Great Yarmouth and Waveney, we believe that all elements of safety and quality can only truly be delivered if we own safety and quality as a system. Our continuing commitment to patient safety within health and social care means that we can truly make a difference to the lives of our patients by working together and not within our own individual organisations. The pressure ulcer improvement programme and the joint root cause analysis meetings with Infection Prevention and Control leads from the CCG, James Paget Hospital, East Coast Community Healthcare and Public Health evidence this approach to collaborative working. This approach will extend to other areas such as falls and long term conditions and will support the development of a patient safety health and social care collaborative within Great Yarmouth and Waveney. The commitment to quality and safety across the system is evident

and the CCG will lead on ensuring that this commitment results in real positive impacts on outcomes for our population.

As a commissioner, listening to our patients is crucial to understanding what our population need and want. The Big Listen in 2014 allowed us to 'feel' the experience that people have when using our commissioned services and this listening exercise will be repeated in 2016. We also commit to publicly consulting on changes to services to ensure that whilst we continue to commission cost and clinically effective services, it is done with the needs of our population at the heart of our decision making. This has been demonstrated by the Shape of the System consultations which were undertaken in 2015.

Importance of staff satisfaction

Staff satisfaction is an important indicator of the quality of care provided to patients. The Friends and Family Test for patients has been embraced by the providers within Great Yarmouth and Waveney; and the development of opportunities to monitor satisfaction within the workforce is a priority of the CCG. The Great Yarmouth and Waveney geography is such that there is less movement of staff and as such it is vital that the providers in the locality ensure that their staff are supported, developed and have good leadership in order to retain them and maintain motivation. It is essential that staff providing health services have confidence to both recommend their organisation as an employer and as a provider of health care to their friends and family. As such, in conjunction with the National Staff Survey, the Friends and Family questions for staff is a great reflector of the organisational health of the providers within our locality.

We are committed to active participation in the wider workforce forums with Health Education England and will work with them and our providers to develop strategic approaches to measuring and improving staff satisfaction and in developing roles for our local health workforce.

As an organisation we are committed to seeking feedback from staff through team meetings, appraisal, staff forums and organisational development events such as staff resilience training. We will talent map our workforce and use this intelligence to identify training and development needs. This will ensure that we are an effective and responsive organisation and that staff feel valued. We will involve our staff in planning and in identifying and establishing organisational values.

Safeguarding

Great Yarmouth and Waveney sits across two local authorities, Norfolk and Suffolk. As such the CCG is an active participant in the work of the Local Safeguarding Children Boards (LSCBs) and Safeguarding Adult Boards (SAB) for both counties. GYWCCG recognises our duties within the Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework (revised 2015), The Care Act 2014 and Working Together to Safeguard Children (revised 2015).

The CCG's CEC receives quarterly update reports about both safeguarding adults and children. In addition the CCG's risk register is updated each month to ensure safeguarding concerns are given prominence within discussions about risk and safety. The CCG has escalated to the Quality Surveillance Group mechanism and the Care Quality Commission in the event of safeguarding concerns about provider(s).

Safeguarding children

In particular, Great Yarmouth and Waveney leads the Safeguarding Children team as defined within a Memorandum of Understanding between the five Norfolk and Waveney CCGs. We work within a collaborative multi-agency approach to safeguarding children and continue to further develop highly effective partnership working across health commissioners and providers, as well as other agencies such as the Police, Children's Services, Education and Justice. The commitment to continue to improve the safety, health and wellbeing of children is of utmost prominence in the function of the CCG, particularly as there are parts of our locality with significant deprivation and high numbers of children at risk and those with a child protection plan in place. The Director of Quality and Safety remains the executive lead for safeguarding children within the GYWCCG.

The designated professionals are employed by the CCG; this includes the Named GPs for safeguarding children that were employed during 2014/15 to provide support and enable improvements for safeguarding for primary care clinicians. An updated service level agreement (SLA) has been developed to ensure robust arrangements are in place for managing the roles and responsibilities of the safeguarding children team. In addition, the five Norfolk CCGs have increased investment in the designated team to recruit a designated doctor for looked after children.

All providers have safeguarding children executive leads and operational teams in place and the effectiveness of these are monitored through a formal health advisory group that reports to the Norfolk Local Safeguarding Children Board, and to the Health Executive Sub Group of the Suffolk LSCB. Safeguarding risks within commissioning groups and provider organisations are raised and monitored to ensure sufficient mitigation; where required these are escalated to the LSCBs. Formal arrangements are in place with financial contributions made by GYWCCG to the Norfolk and Suffolk Safeguarding Children Boards.

Safeguarding adults

For adult safeguarding NHSGYWCCG participates within a hosting arrangement within the Norfolk and Waveney CCGs which is underpinned with a Memorandum of Understanding. North Norfolk CCG hosts the service which provides both executive leadership and operational delivery of safeguarding adults. The Director of Commissioning and Quality/Chief Nurse remains the executive lead for adult safeguarding within the NHSGYWCCG. Formal arrangements are in place with financial contributions made by NHSGYWCCG to the Norfolk and Suffolk Adult Safeguarding Boards. Providers have safeguarding leads in place and the effectiveness of these is monitored through a formal health advisory group that reports to Norfolk and Suffolk Safeguarding Adult Boards. Safeguarding risks within commissioning groups and provider organisations are raised and monitored to ensure sufficient mitigation; where required these are escalated to the SABs.

Looked after children and care leavers

The CCG is committed to continuing to improve the capacity and quality of health assessments and services for looked after children and we participate in the delivery of improvement actions identified by Norfolk and Suffolk LSCBs in response to CQC and Ofsted reports. NHSGYWCCG has a Children and Maternity Commissioner with a background in safeguarding children whose role includes identifying areas for improvement within the commissioned activity. In addition the Care Leavers Strategy is being developed and we will work with providers and other multi-agency stakeholders to improve services for care leavers, not just within health but within the whole system.

Compassion in practice implementation

The 6 Cs were developed nationally by nurses, midwives and care staff for nurse's midwives and care staff. They are Care, Compassion, Competence, Communication, Courage and Commitment. However we believe that these are skills, attributes and aspirations that not only are needed by nurses, midwives and care staff but indeed by all staff that directly care for patients and for all staff that support or underpin frontline clinical delivery. All providers within Great Yarmouth and Waveney will be required to widen their expectations so that all of their staff own work within the principles of the 6 Cs, whether they are receptionists, doctors, and cleaners, catering staff or medical secretaries. Workforce development strategies, recruitment plans, quality strategies and performance reports will all be required to use the 6 Cs to ensure that their workforce are committed to these principles. The CCG has reviewed our recruitment and appraisal methodology to ensure that principles of the 6 Cs are incorporated within.

9 Clinical and public engagement/experience

9.1 Clinical and membership engagement

Clinical engagement is critical and essential to achieving the CCG's strategic goals and outcome objectives. Clinicians provide frontline services to our staff and patient and public engagement cannot proceed without agreement for developments being achieved with local clinicians first. We have a host of examples of clinical and membership engagement in action already across Great Yarmouth and Waveney.

NHSGYWCCG is a membership organisation, meaning that all practice staff are members of the CCG. This has its own specific challenges both to communicate to, and engage with, our membership. Our quarterly members' meeting led by the Chief Executive and Chair of the CCG facilitates this relationship. The CCG sees practices playing a full part in our activities as vital to our success, crucially providing the unique clinical view on which clinical commissioning is founded.

However, we also focus closely on frontline staff, from receptionists and medical secretaries to administrators and managers. They too have clear views and an ambassadorial role to play. So any engagement work always encompasses clinical and operational engagement, most recently though our ongoing work in developing the out of hospital team. The CCG has a 'gate keeping' role to ensure the relevance of information flow to clinical audiences and that they do not become overwhelmed by the volume of briefs.

We recognise the need to establish systems to secure two–way accountability between members. We are aiming for excellence in our engagement with member practices, and developing a strong system of peer support and co-production. This is an area where we are beginning to deliver significant cultural and behaviour change. We have embedded this concept in our 'principles of clinical transformation', which says as a value that we will 'systematically foster strong and mature relationships between clinicians from all sectors and organisations'. We will develop a culture of responsibility both for and to each other for the quality of care we commission and deliver. We will hold one another to account for the benefit of patients through honest relationships.

While this will be challenging, we have a well-developed local model of openness and accountability for quality of care and use of NHS resource in our approach to prescribing and medicines management. Practice data has been shared across the area for some years and clinicians are used to seeing their data and their colleagues' data presented in a comparative style. Finally this cultural change is supported through the sharing of our Practice Charter.

This is a set of ‘rules for engagement’ which lays out what practices can expect from the Governing Body, and the Governing Body from practices, and how practices interact as a unified body. This has been shared with all practices, along with a summary of our Constitution, and we have worked closely with our Local Medical Committee (LMC) on this document and our Constitution.

Clinical and membership engagement in action in the CCG

The work of our Clinical Executive Committee

Our Clinical Executive Committee (CEC), led by the Chair of the CCG, reports to the Governing Body as a formal sub-committee. This committee ensures clinical input into all areas of our work, promoting clinical engagement and acting as a governance structure to make sure there is clinical input into new and existing services which reflect best practice and value for money. Its membership includes clinicians.

Seeking member practices’ views

Our GP practices in Great Yarmouth and Waveney are all Members of the CCG and critical to our success. We’re focused on member practices being closely involved in decision making and have published our Practice Charter. We have strong GP and practice manager representation on our CEC and on the Governing Body. Alongside this we have our regular Clinical Leads Forum, which is attended by a representative from every practice, and our quarterly Protected Time for Learning (PTL) sessions, plus our practice manager meetings and a range of regular informal practice visits.

We have nine retained GPs and one retained nurse working with the CCG. This is a tremendously valuable resource to help us with making commissioning decisions and being clear on our commissioning intentions going forward.

CCG members are involved in quality priority setting in the CCG Plans

We met with all our clinical leads across Great Yarmouth and Waveney to identify and agree our commissioning priorities and intentions for 2015/16 and beyond. We recognise the need to engage with member practices to help them understand the quality challenge in both primary and secondary care to develop an appropriate response for our population and our area, and to translate that into real action and real quality improvement.

Member practices involved in decision making processes

Our clinical leads meetings are fully representative; each practice sends a GP to these meetings and in addition there is a lead practice manager from both of our main geographical areas at each meeting. These groups guide strategic development prioritisation, practical implementation of pathway redesign, and meeting the QIPP challenge via system transformation. Retained GPs inform this process through the programme boards and specific work areas. Our CEC includes representation from GPs across the patch and is the delegated authority for decision making from Governing Body. Thus clinical leadership is not only accountable at Governing Body level, but involved at executive level in all spending decisions, monitoring delivery of the QIPP challenge and priority setting for each commissioning year. The CCG Governing Body includes member practice representation at clinical and at managerial level leads strategic planning for the CCG, with extensive clinical involvement in decision making.

For example, our Member practices were instrumental in our decision to express interest in delegated commissioning of primary care.

Strengthening primary care development plan

In recognition and support of the fundamental role primary care plays in our health system, this year the CCG developed a Strengthening Primary Care Development plan. The plan encompasses 22 actions, across three broad themes. The first theme is workload, focused on actions that ensure valuable primary care resource is utilised efficiently. The second is workforce, reviewing ways to support our GP colleagues with other staff groups and encourage future GPs to our area. The third theme covers finance and other supporting organisational actions, focused on improving business stability. The plan has been approved by clinical leads, Clinical Executive Committee, Governing Body and Members, and has been commended by the Local Medical Committee. The delivery of the actions within the plan, combined with the securing of delegated commissioning responsibility are viewed as essential to securing the robustness of our primary care provision both now and in the future.

Member practices understand at a high level our local plan and priorities

Our clinical leads groups have been involved in shaping and approving our overall strategic plans at both a health system and programme board level. Specifically, the Urgent Care Strategy and Frail Elderly Strategy were both discussed in detail at the clinical leads groups, and amended in the light of clinical leads feedback prior to their presentation to the CEC. In addition, in the planned care arena, our overall approach to the QIPP challenge was developed through discussion with the clinical leads, informing our 'excellent GP, not specialist GP' ethos when addressing our high volume specialities of dermatology and ophthalmology.

Clinical service reviews

Our Retained GPs (RGPs) have been involved in helping us to carry out clinical service reviews to help us understand inputs (medical, nursing, therapy and personal/social care) into effective patient care and outcomes derived. Reviews have looked at the clinical evidence available to evaluate the clinical efficacy and efficiency of an existing and/or new service, with the intention of generating information to inform local decision-making around delivery of appropriate services for the CCG population.

Member practices receive timely information to inform their involvement in the CCG planning and monitoring delivery of those plans.

Practice level data is sent to all 25 of our member practices on a monthly basis. We also use PTL meetings and Clinical Leads forums to share more specific data.

Systems are in place to sustain two–way accountability between members

We recognise that this is an area for significant cultural and behaviour change. While this will be challenging, we have a well-developed local model of openness and accountability for quality of care and use of NHS resource in our approach to prescribing and medicines management. Unblinded practice data has been shared across the area for some years and clinicians are used to seeing their data and their colleagues' data presented in a comparative style. We will seek to expend this approach beyond prescribing to other areas of quality and commissioning focus, underpinning it with an explicit outlier policy which makes it clear that our initial approach is supportive and formative, rather than punitive or contractual. Finally this cultural change is supported through sharing our Practice Charter.

9.2 Effective and transformational Programme Boards

Our five programme boards, plus related work streams like primary care and prescribing, have extensive clinical engagement from a wide range of providers and are actively influencing commissioning intentions. Each work stream has patient representation embedded into it, helping to ensure that the patient voice is heard in commissioning intentions. These boards are led by clinicians and they are developing locally sensitive clinical pathways which reflect clinical and cost effectiveness and will ensure the delivery of our local QIPP challenge.

9.3 Working with Healthwatch

The CCG works very closely with our two local Healthwatch organisations, Healthwatch Norfolk and Healthwatch Suffolk.

Our Chief Executive has regular meetings with the chief executives of both Healthwatch organisations to keep them informed of the work of the CCG and give them the opportunity to make sure they are involved.
Both organisations are represented on our Patient and Public Experience Group, sit on a number of our programme boards, and take part in our pre-consultation work.

The CCG holds a patient, carer and community event twice a year where we engage the public in our strategy and commissioning intentions and both Healthwatch organisations are represented at these events. We also work very closely with a local group, the Great Yarmouth and Waveney Patient Advisory Group, on specific locality based issues.

9.4 Improving access for minority groups

There is a range of seldom heard or minority groups in our community. The CCG will make sure all external communications are inclusive and take place through a range of channels that reach all groups, taking into consideration all barriers to communication, including language and access to computers. We are committed to engaging with patients, carers and the public in all stages of the commissioning cycle. This is essential and will make sure we always develop innovative, patient-centred services. As commissioners we will make sure that the views of patients and the public are listened to, heard and acted upon. We are particularly focused on accessing seldom heard and vulnerable groups, namely:

Key seldom heard groups in Great Yarmouth and Waveney:

- Migrant workers
- Gypsy, traveller and roma communities
- Looked after children
- Individuals within the criminal justice system
- Asylum seekers and refugees
- Black and minority ethnic (BME) groups
- People with learning disabilities
- People with long-term mental health problems
- Lesbian, gay, bisexual and transgender people
- Homeless and insecurely housed people

In 2009, the former Primary Care Trust (PCT) commissioned a full research project from the University of East Anglia on these groups and the findings of this report continue to inform

our engagement work with these communities today. The report sets out the blueprint for engagement with these groups and also gives a database of contacts within these categories. It was supported by the appointment of a dedicated health visitor for seldom heard groups in East Coast Community Healthcare, who continues to be a key contact for the CCG's work. Along with the other Norfolk CCGs we are working alongside the newly-formed Norfolk Equality and Diversity Council who will act as one voice for all individuals and communities covered by the Equality Act 2010 and will hold us and other public sector organisations to account for our work in this area.

Along with the other Norfolk CCGs we are joint members of INTRAN which is a multi-agency partnership providing language and translation services throughout the Eastern region.

9.5 Citizenship and engagement

Patients are the focus of all we do in the CCG. Across the CCG there is active patient, carers, service user and public engagement. Commissioning programme boards include representation from patients, family carers, service users and the public. The views of these groups are regularly sought through commissioning programme boards and wide range engagement events to inform the development of integration and future commissioning intentions. These include public consultations, working alongside our patient participation groups in our 25 GP practices, working with Healthwatch and the Great Yarmouth and Waveney Health Overview and Scrutiny Committee. The CCG has listened to what they have said and included their views in strategic and operational planning including the CCG's overall approach to the Better Care Fund. We have developed plans across the two years of the operational plan.

Patients, carers and our local community have all been involved in helping to develop our five year vision for healthcare in Great Yarmouth and Waveney through a number of workshops.

Some of the key themes from these workshops have been woven into our five year strategic plan:

- Co-ordinated health care and social care
- Support for the family/carer
- More education required for patients
- Better communication between GPs and the hospital
- 24/7 access
- Clinicians available at weekends to enable discharge
- Do not want multiple assessments
- 'Walking sign posts' like the Gorleston Connected Care initiative and our Community Advocates
- Joint health and social care plans, owned by the patients which include goals, support and key workers
- Integration will work and support carers if services are seven days a week

We will need to develop habits of flexibility, compromise, transparency, honesty, engagement and listening to our customers and patients. In order to deliver better outcomes and greater efficiencies there needs to be more integrated approach to service provision. This includes all organisations working more closely across organisational and professional boundaries and changing staff behaviours to encourage system and whole team working. This is underpinned by a passionate belief that we are doing the right thing.

We have a programme in place to ensure that we engage with our patients and public about the design of our services going forward. This includes a programme of events such as a public participation forum which meets every two months, our Patient and Public Experience Group meeting which meets quarterly and our bi-annual patient, carer and community events.

Year one: 2014/15

The Big Listen Event: The CCG's 'Big Listen' event took place in the first week of March 2014, from Monday 3 March to Friday 7 March. During this event, 132 CCG staff, plus patients, carers and staff from other partner organisations, visited healthcare providers across GYW in primary, secondary, emergency and nursing home providers.

The purpose of The Big Listen was to:

- Observe the everyday experience of patients and carers in our local health system
- Learn what matters to them
- Understand how we can work together with our partners and health and social care to improve their everyday experience
- Focus on 'first impressions' of our health services every day

We believe this event is one of the first of its kind in NHS England. The results have been independently assessed and a full action plan developed with our providers through our PPEG, which reports directly to the CCG's Governing body.

The CCG commissioned some market research in November 2014 looking at understanding the needs of children and young people with SEND (Special educational needs and disabilities) in the CCG area and following a multi-agency event an action plan to implement the findings of this market research will be developed.

Community Advocates Working with Voluntary Norfolk: We will evaluate the Connected Care pilot of community advocates in Gorleston and begin to implement a larger advocate and befriending team for patients with long term conditions across the borough of Great Yarmouth. Cost £45k.

Public Consultation: To make sure we meet our duty as commissioners to participate effectively in the commissioning process to ensure services meet the needs of local people, we are committed to publicly consulting with our patients, public, carers and partners when we anticipate substantial service changes being required. This will promote transparency in all we do as commissioners. To this end we continued in 2014/15 with the implementation of service changes following our public consultation on the reconfiguration of services in Lowestoft. We launched a public consultation on the future of adult and dementia mental health services provided by Norfolk and Suffolk NHS Foundation Trust in Great Yarmouth and Waveney.

Launch of a website for young people and social media: We launched a new section of our website for young people, designed by two CCG apprentices, based on the responses received from the Great Yarmouth Youth Advisory Board who recently surveyed 360 young people. Results were that the young people wanted a one-stop place where they could find out the information they needed. This will support our accessible website designed with the public in mind and receiving over 2,000 hits per calendar month. Alongside this is a twitter account for young people @YHMatters delivered by our young apprentices. We continue to

actively develop our Facebook Page and use Twitter to get in touch with our wider population.

Friends and Family Test: We continued to monitor actively the feedback from this important measure of patient and visitor satisfaction and work with providers who are new to this test to ensure we monitor their progress through our PPEG.

Empower patients through co-production: Empowering patients' means doing much more to give control to patients through the extension of choice and the provision of high quality information to support decisions, plus insightful listening methods. It also means doing more to make sure the views of patients and communities are built into everything we do, through the local Health and Wellbeing Boards and through Healthwatch to champion patients' interests at all levels of the system. Within the CCG this means continuing to build on relationships that already exist with the Great Yarmouth and Waveney Health Overview Scrutiny Committee and Healthwatch. We use the Transforming Participation in Health and Social Care guidance to assess our progress so far and evaluate our ambitious plans for the future.

Year two: 2015/16

Children with Special Education Needs and Disabilities Insight work: We will commission a piece of market research insight work based on services for children with special educational needs and disabilities. This work was aimed at involving children and their families in decision making around the future provision of services.

Kirkley Navigators: Following on from the success of the Community Advocates programme we have worked alongside Waveney District Council and Age UK Suffolk to secure funding to pilot a scheme called Kirkley Navigators. The Navigators will be volunteers whose remit is to work alongside older people and people with long term conditions to support and signpost them into services.

Public consultation: We have completed nine pre-consultation events with our local communities as preparatory work for our next public consultation 'The Shape of the System'. We are planning to launch the 'Shape of the System' consultation in June 2015, together with a consultation about GP practice premises in Gorleston and Bradwell. This will seek the views of the public on the roll-out of out of hospital teams across Great Yarmouth and Waveney, including provision of beds with care across the patch. As part of the pre-consultation work we held a clinician and practitioner's event in December 2014 to make sure that the views of people on the ground, delivering services, are embedded in the changes and form part of the consultation.

Friends and Family test in GP practices: The Friends and Family test is being rolled out to GP practices from December 2015. We will actively monitor the feedback from this national measure of patient and visitor satisfaction through our PPG Forum and support our 25 GP practices.

Health Overview and Scrutiny Committee: We continue to work alongside the Great Yarmouth and Waveney Health Overview and Scrutiny Committee to make sure that any changes that are planned to services are properly scrutinised and discussed in this public arena.

Patient experience: What we expect from all our providers: Our PPEG and Patient Participation Group (PPG) forums both report to our Governing Body and work together to evaluate how well our providers are monitoring the experience of patients. This work and

our bi-annual community events will help to shape new models of care and inform our system-wide integration plans. We will also have expectations of providers about listening to and hearing patients in our contracts. This will deliver a patient experience of holistic care which is joined up for them in one single package.

So monitoring our patients' experience is critical and we will use the following methods to do so:

- Use of real time feedback e.g. SMS texting, Patient Experience Trackers, Facebook, Twitter, website, Friends and Family Test
- Patient feedback websites
- Patient and practice surveys and PPG Forum
- Patient experience groups (Patient Advisory Group, PPEG and PPG Forum)
- Complaints, Patient Advice and Liaison Service (PALS) and Serious Incidents (SIs)
- Monitored through the Quality and Patient Safety Committees and Quality Incident Reporting (QIRs)
- Regular planned and unannounced visits to care providers with a focus on quality and patient safety, including The Big Listen
- 'Deep Dives' by Board on specific quality issues
- Regular reports e.g. Care Quality Commission, Monitor

When we are monitoring information we will always focus on four key questions:

- Do we have the data we need to make intelligent commissioning decisions?
- Do we understand what the data is telling us?
- What are the implications of using this data in commissioning?
- Do we have mechanisms in place to make sure we can change commissioning decisions in response to the intelligence?

Through our contracts with providers we will put this patient-centred intelligence to good use and ensure this feedback is included in contracts and regularly monitored with clear outcomes.

Year three: 2016/17

Public consultations: During 2015/16 we successfully completed two public consultations on the 'Shape of the System' and 'GP practice premises in Gorleston and Bradwell'. During the thirteen-week consultation period we held six public meetings with over 1,000 people attending. Over 100,000 consultation documents were distributed throughout Great Yarmouth and Waveney and there were 1,181 responses to the consultations.

We used social media to increase awareness of the consultation and engage the public, 588 tweets were sent with 333 being retweeted, three twitter chats were held, three videos were produced which received over 720 views and our website page for Shape of the System was viewed 1,067 times.

In 2016/17 we are now working on implementing the outcomes of the public consultations which will see out of hospital teams and community hubs rolled out across Great Yarmouth and Waveney as well as the development of a primary care centre on the Shrublands site in Gorleston.

Kirkley Navigators: The navigators were set up during 2015 and during 2016 we will be working alongside Waveney District Council and Age UK Suffolk to further develop the

navigator role and make their service available to more patients in the Kirkley area of Lowestoft. The Navigators are volunteers whose remit is to work alongside older people and people with long term conditions to support and signpost them into services.

Friends and Family test in GP practices: Established in 2015 the FFT in GP practices is still in the early stages but we will be developing this further in 2016, particularly with the CCG gaining devolved commissioning for primary care.
The Big Listen Event (2): Following on from the success of the Big Listen in 2014 the CCG is planning to hold a second Big Listen event across the patch. A week-long event, the Big Listen involved staff, patients and provider staff who visited healthcare providers across Great Yarmouth and Waveney in primary, secondary, emergency and nursing home providers.

With a move to more integrated working Big Listen 2 will also be delivered in a more integrated way, so we will be holding a Big Listen event alongside our district council colleagues, involving their staff in the event, visiting district council offices to observe their services.

CCG website: The current CCG website was developed from the former PCT website system and we intend to commission a new website for the CCG during 2016. A good, easy to navigate, informative website is one of the key communication and engagement tools for any public sector organisation and therefore developing a new site will enable us to have a modern tool from which all other communications and engagement can flow.

10. Technology and data

We continue to have close and productive relationship with NEL CSU around the planning for how information management and technology (IM&T) will help us progress the integration of commissioner and provider organisations. This work is particularly key to the progression of the Digital Roadmap.

10.1 Digital roadmap

The CCG is actively involved with neighbouring CCG's and NELCSU in preparing the first iteration of the digital roadmap for the footprint. The design process is in motion and work will take place over the next couple of weeks to determine the format of the roadmap and outline what's needed for the content, making sure everyone understands the purpose and agrees the direction we're taking. Norwich CCG is the lead organisation across the Norfolk & Waveney digital footprint and will lead the development of governance arrangements within that footprint, and agree the correct sign-off procedure for the roadmap. The local Health and Wellbeing Board will be involved and NHS England will assure completed roadmaps.
Governance arrangement will run beyond the June 2016 deadline for submission of the digital roadmap in order to oversee delivery of the interoperability and functionality required.
The Norfolk digital roadmap will sit alongside our transformation plan as the digital technology will create the foundations on which much of the transformation work will be built. The plan is to ensure close integration between general practice and other care settings, enabled by technology, to improve information sharing across the overall health economy. To achieve this, we continue to support GP practices to move to the same clinical system (SystmOne) which will enable the development of shared services across multiple sites and moves us further towards our ambition to have 'one patient, one record'; this will also support the work we are doing in relation to patients accessing their records

online. A fully delegated primary care commissioning budget also allows wider scope in developing our IT strategy which will include setting out a minimum of 10% of patients accessing online services where possible, working in conjunction with the GP IT operating model. A number of additional developments are being considered, including telehealth within our mental health programmes. All member practices currently provide patient access to their medical record (including read coded information) the patients will be offered further easily accessible medical record access in the future (with options to opt in or opt out of data sharing) practices are currently undertaking a data cleansing exercise. SystmOne is also a clinical system that our community provider uses.

The Five Year Forward View recognised the need for the NHS and social care to exploit the information revolution to meet the fundamental challenges facing the NHS, the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap. In November 2014, the National Information Board produced 'Personalised Health and Care 2020' using data and technology to transform outcomes for patients and citizens – A framework for action.

There are also ambitions to support consultations between GPs and psychiatrists/non-medical prescribers through the utilisation of skype. Through application to the transformation fund, we plan to develop apps to promote prevention and healthy life styles via the principles of healthy Norwich, signposting apps to the various clinical services (e.g. pharmacist) to manage workload across the system and symptom checker. Utilising the hub and cluster model under development, coordination and utilisation will be more effective. These ambitions are in line with the 2016-17 deliverables outlined in the 2016-17 NHS Planning Guidance.

The CCG in partnership with the CSU works with the practices to ensure that all contractual requirements are met and that full utilisation of the systems are promoted and encouraged wherever possible.

The CCG now having fully delegated primary care commissioning allows wider scope in developing our IT strategy which will include setting out a minimum of 10% of patients accessing online services where possible, working in conjunction with the GP IT operating model.

All member practices currently provide patient access to their medical record (including read coded information) the patients will be offered further easily accessible medical record access in the future (with options to opt in or opt out of data sharing) practices are currently undertaking a data cleansing exercise. The plan is to ensure close integration between general practice and other care settings, enabled by technology, to improve information sharing across the overall health economy.

11. Identifying and mitigating risks across our local health economy

The CCG operational plan sets out the strategic and operational journey for commissioning within the Great Yarmouth and Waveney area, identifying the key milestones to achieve and demonstrating its strategic and operational stakeholder network and infrastructure in place. The strategic and operational interfaces at work within the established infrastructure enable the CCG to jointly identify risks and work together with health system and local authority partners to mitigate jointly shared risks through defined contingency planning.

- Strategic networks via the System Leadership Partnership Great Yarmouth and Waveney, System Integration Steering Committee and Chief Operating Officers

Group Norfolk and Waveney CCGs provide the core strategic overview for joined up work with providers, local authority and neighbouring CCGs. This overview is informed and supported ongoing by the process of risk identification and contingency planning. Finance, contractual and clinical pathway integration being the core themes along which strategic risk management is driven.

- At the operational level the following programmes of work enable an integrated approach to risk management to be taken regionally: integrated working groups (including QIPP and BCF) planned care, urgent care, end of Life, cancer, childrens and young Peoples, mental Health and LD, pharmacy prescribing advice, GP primary care service development (including estates configuration) clinical pathway transformation and effective contract and provider initiatives (including Most Capable Provider, shared financial and operational risk management and performance tracking.) The key decisions relating to these programmes being managed by formal committee and decision making groups that in turn monitor risk at the member level via a standing item at each meeting. Each programme board involves representation from providers, local authority commissioners, public health consultant, voluntary and charitable bodies alongside CCG commissioners, and retained nurse and GP clinicians. This ensures the full breadth of potential risks are considered from contracting, commissioning, clinical operations, clinical resource, provider capacity, system resource and effectiveness in the pathway of care from access, diagnosis, treatment and follow up be considered within the context of each specific commissioned area of care.

As a result of the above strategic interface and programme board work the CCG develops its integrated risk register to report and monitor the progress of risk management. A full complement of directorate and programme board registers being retained to manage risk at the relevant responsibility level within the organisation. Progress recorded within the register tracks the work ongoing with stakeholders in addition to noting any national political and environmental contingencies via changes in policy, regulation and guidance and best practice within the health system nationally.

GYW CCG approach to risk management is to maintain early detection systems through strategic alliance and building strong working relationships within the health and local authority system to ensure risk is identified. It has recently enhanced the board level reporting of risk through concise and focused risk commentary coupled with embedding strong local ownership at directorate level. This platform has been set to develop risk management and ease the flow of information across organisational boundaries to achieve mitigation in line with implementation of jointly owned plans.

Appendix 1- Page 20
Cancer Waiting Times

Appendix 3- Page 27
QIPP Plan Workplan

Appendix 4- Page 35
LD Redesign Implementation Timeline

Appendix 5- Page 41
Strengthening Primary Care Plan