Report to	Cabinet 12 December 2012	**Item**
Report of	Executive head of strategy, people and democracy	5
Subject	NHS Norwich Draft Health and Well being Strategy 2013-2018	

Purpose

To consider and approve the draft Health and wellbeing strategy produced by NHS Norwich Clinical Commissioning group

Recommendation

To approve the draft Health and wellbeing strategy produced by NHS Norwich Clinical Commissioning Group and agree to continue to support the partnership responses required to implement it

Corporate and service priorities

The report helps to meet all the corporate priorities

Financial implications

All work related to this strategy will be met from within existing budgets

Ward/s: All wards

Cabinet member: Councillor Arthur - Leader

Contact officers

Russell O'Keefe Executive head of strategy, people and democracy	01603 212908
Rachael Metson Partnerships manager	01603 212926
Jonathon Fagge Chief Officer NHS Norwich Clinical Commissioning Group	01603 751640

Background documents

None

Report

Background

1. The Health and Social Care Act 2012 introduced a range of health reforms including the establishment of local GP led clinical commissioning groups to commission health services locally. The NHS Norwich Clinical Commissioning Group (CCG) is made up of the 23 GP Practices within the Greater Norwich area and is led by a Governing Body consisting of local GPs, Nurses, a Hospital Doctor, and 2 lay members. It is currently undergoing a process of authorisation. This includes developing a robust Health and Well Being strategy. The NHS Norwich CCG has worked closely with partners, including Norwich City Council, to develop the draft five year strategy. The NHS Norwich CCG involved:

   a) the city council leader and chief executive at its strategy launch event in March to agree the main strategic goals for the CCG.

   b) the partnerships manager at its voluntary sector stakeholder event in May

2. In addition the city council and the CCG held a joint workshop in November providing an opportunity for council officers and elected members to meet CCG officers and Board members and gain a better understanding of each others roles. It sought to:

   a) identify the opportunities for making Norwich a healthy city.

   b) share knowledge and evidence to develop a robust strategy for improving health outcomes for Norwich residents

   c) to facilitate closer collaboration and joint action

   d) recognise the range of council services, from planning and transport to housing, environmental, sports and leisure services that have an impact on the health and well being agenda

3. The council's scrutiny committee has also been exploring the deprivation, inequality and welfare issues that Norwich residents experience. The committee has reviewed this within the policy framework of the Marmot review 2010 a national report that evidenced the social gradient of health inequalities.

4. Alongside the strategy development, and in its civic leadership role, the city council has endorsed the 2008 Zagreb declaration, demonstrating its commitment to improving the health and wellbeing of the people living in Norwich and to our partners to embed the health agenda into policies made for the city's future. Following this, the council and its partners, submitted an application to become a Healthy city as part of the World Health Organisation UK Healthy Cities Network. A healthy city is not one that has achieved a particular health status but that is conscious of health and striving to improve it. This joint commitment is made at a time of challenging NHS reforms and increased pressures on the health and well being of our residents within the current recession and changes in welfare reform. The Norwich Locality Board will manage delivery of the Healthy city programme.

The strategy: key issues

5. The strategy is attached as annex 1. It has a robust evidence base provided by public health colleagues, and sets out within a "health profile" the health needs of different communities within Norwich. It provides a comprehensive resource to support work to improve people's health and reduce health inequalities in Norwich.

6. The strategy sets out four strategic goals:

   Goal 1- Continuously Improve and Assure the Quality and Safety of Healthcare

   Goal 2 - Continuously Improve the Health & Wellbeing of the Population

   Goal 3 - Reduce Health Inequalities – the Health Gap Between Different Communities

   Goal 4- Manage our Resources Responsibly and Ethically, and Deliver Value for Money for the Taxpayer

   Both goals 2 and 3 require collaboration and joint working

7. **Goal 2:** The strategy sets out some of the challenges to improving the health and wellbeing of the population by identifying a range of indicators against which Norwich levels are higher than national figures. It is clear from these indicators that whilst health services have an important role to play in improving health and wellbeing, there are many other influences that fall within the roles and responsibilities of numerous organisations, including the City and County Councils, Schools, Colleges and Employers, the Police and Probation services, and Voluntary and Community organisations. It is therefore vital that we work in partnership across the city to improve these key measures of health and wellbeing.The Healthy city programme will focus upon key areas of activity that can have an impact and improve health and wellbeing. The Norwich Locality Board will enable partnership delivery of this programme.

8. **Goal 3:** The strategy draws upon the policy recommendations of the Marmot review to seek to address health inequalities in Norwich. Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status. Put simply, the lower one's social and economic status, the poorer one's health is likely to be. Health inequalities are largely preventable but it requires action across all the social determinants of health, and this is much wider than what the NHS can influence on its own.

9. The development of the strategy has put the building blocks in place to drive forward a partnership response to improving the health and wellbeing of the people in Norwich and the city council has embraced that commitment with its support and joint working to implement the strategy.

Recommendation

10. It is recommended that Cabinet approve the draft Health and Wellbeing Strategy of NHS Norwich CCG and agree to continue to support the partnership responses required to implement it.

Integrated impact assessment

The IIA should assess **the impact of the recommendation** being made by the report

Detailed guidance to help with completing the assessment can be found here. Delete this row after completion

Report author to complete	
Committee:	Cabinet
Committee date:	12 December 2012
Head of service:	Executive head of strategy, people and democracy
Report subject:	NHS Norwich Clinical Commissioning Group Draft Health and well Being strategy 2012-17
Date assessed:	October 2012
Description:	The draft health and wellbeing strategy provides overall direction and a coordinated framework for the council and its partners to improve health and wellbeing in Norwich

	Impact			
Economic **(please add an ‘x’ as appropriate)**	**Neutral**	**Positive**	**Negative**	**Comments**
Finance (value for money)	☐	☒	☐	The strategy provides a coordinated framework for a range of existing activity the council is carrying out that has an impact on the health and wellbeing of people in Norwich
Other departments and services e.g. office facilities, customer contact	☒	☐	☐	
ICT services	☒	☐	☐	
Economic development	☒	☐	☐	
Financial inclusion	☐	☒	☐	The strategy and its recognition of social determinants of health is aligned to the financial inclusion strategy
Social **(please add an ‘x’ as appropriate)**	**Neutral**	**Positive**	**Negative**	**Comments**
Safeguarding children and adults	☐	☒	☐	The strategy and its recognition of social determinants of health is aligned to safeguarding activity
S17 crime and disorder act 1998	☐	☒	☐	The strategy and its recognition of social determinants of health is aligned to community safety work

	Impact			
Human Rights Act 1998	x			
Health and well being		x		
Equality and diversity (please add an 'x' as appropriate)	**Neutral**	**Positive**	**Negative**	**Comments**
Relations between groups (cohesion)		x		The strategy and its recognition of social determinants of health is aligned to improving community cohesion
Eliminating discrimination & harassment		x		The strategy and its recognition of social determinants of health is aligned to the elimination of discrimination and harassment
Advancing equality of opportunity		x		
Environmental (please add an 'x' as appropriate)	**Neutral**	**Positive**	**Negative**	**Comments**
Transportation		x		The strategy and its recognition of social determinants of health seeks a healthy urban environment, making health and wellbeing a key consideration in urban planning, housing, and transport for the city.

	Impact			
Natural and built environment	☐	☒	☐	The strategy and its recognition of social determinants of health seeks a healthy urban environment, making health and wellbeing a key consideration in urban planning, housing, and transport for the city
Waste minimisation & resource use	☐	☒	☐	The strategy and its recognition of social determinants of health seeks a healthy urban environment, making health and wellbeing a key consideration in urban planning, housing, and transport for the city
Pollution	☐	☒	☐	The strategy and its recognition of social determinants of health seeks a healthy urban environment, making health and wellbeing a key consideration in urban planning, housing, and transport for the city
Sustainable procurement	☒	☐	☐	
Energy and climate change	☒	☐	☐	
(Please add an ‘x’ as appropriate)	**Neutral**	**Positive**	**Negative**	**Comments**
Risk management	☒	☐	☐	

Recommendations from impact assessment
Positive
To approve the strategy
Negative
There are no negative issues
Neutral
Issues

Annex 1

Norwich Health & Wellbeing Strategy

2013 - 2018

Norwich Clinical Commissioning Group

Version	Date	Notes
Dv1	09/08/12	First draft for sharing within Norwich CCG SMT – basic check of content areas
Dv2	02/09/12	Second draft for Norwich SMT and first review of authorization documents
Dv3	21/09/12	Third draft for authorization submission following CCG Governing Body review
Dv4	27/11/12	Fourth draft incorporating HWB Board emergent priorities as relevant

1 Our Vision for Health and Wellbeing

We will improve health outcomes and quality of services year on year for all the people of Norwich

2 Our Four Strategic Goals

Our strategic goals set out the main areas of focus for the next five years which will enable us to deliver our vision for health and wellbeing in Norwich.

1. Continuously Improve and Assure the Quality and Safety of Healthcare
2. Continuously Improve the Health & Wellbeing of the Population
3. Reduce Health Inequalities – the Health Gap Between Different Communities
4. Manage our Resources Responsibly and Ethically, and Deliver Value for Money for the Taxpayer

1 OUR VISION FOR HEALTH AND WELLBEING 1
2 OUR FOUR STRATEGIC GOALS 1
3 WHO WE ARE 3
4 WORKING IN PARTNERSHIP 3
4.1 RELATIONSHIP WITH LOCAL AUTHORITIES 3
4.2 WIDER PARTNERSHIP & ENGAGEMENT ACTIVITY 4
5 NORWICH HEALTH & WELLBEING PROFILE 5
5.1 OUR POPULATION 5
5.2 DEPRIVATION 5
5.3 LIFE EXPECTANCY 6
5.4 THE LIFE COURSE – KEY STAGES 6
6 GOAL 1 – IMPROVING QUALITY AND SAFETY 9
6.1 ACHIEVING CONTINUOUS IMPROVEMENT IN QUALITY AND SAFETY 9
7 GOAL 2 – IMPROVING HEALTH AND WELLBEING 10
7.1 INDICATORS OF HEALTH AND WELLBEING 10
7.2 NORWICH: A WORLD HEALTH ORGANISATION HEALTHY CITY 12
8 GOAL 3 – REDUCING HEALTH INEQUALITIES 13
8.1 THE MARMOT REVIEW 13
9 GOAL 4 – DELIVERING VALUE FOR MONEY 14
9.1 QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP) 14
9.2 HEALTH PRIORITISATION 15
10 IMPROVING TREATMENT & CARE 16
10.1 PLANNED HEALTHCARE 16
10.2 URGENT & EMERGENCY CARE 16
10.3 SUPPORTING FRAIL ELDERLY PEOPLE TO LIVE INDEPENDENTLY 16
10.4 SUPPORTING CARERS 16
10.5 IMPROVING ACCESS TO PRIMARY MENTAL HEALTH SERVICES 16
11 MAKING IT HAPPEN 17
11.1 JOINT COMMISSIONING BOARDS 17
11.2 QUALITY COMMITTEES 17
11.3 CLINICAL ACTION TEAMS 17
11.4 ANNUAL OPERATING PLAN 17
11.5 NORWICH LOCALITY BOARD 18
12 THE NATIONAL PICTURE 18
12.1 THE NHS CONSTITUTION 18

3 Who We Are

NHS Norwich Clinical Commissioning Group (CCG) is a new NHS body created by the Health and Social Care Act 2012. The CCG is made up of the 23 GP Practices that serve the city of Norwich and parts of the Broadland district of suburban Norwich. The CCG is led by a Governing Body consisting of local GPs, Nurses, a Hospital Doctor, and 2 lay members. Our primary responsibility is to commission (purchase and organise) health services for the people of Greater Norwich.

- We will work in partnership with patients, carers and families, partner organisations across the public, voluntary, and community sectors, and the Norfolk Health and Wellbeing Board.
- We will hold providers of services to account for the performance, quality, and safety of their services.
- We will be held to account by the NHS Commissioning Board, and by the democratically elected members of the Norfolk Health Overview and Scrutiny Committee.
- We will be open and transparent in our decision making, and regularly hold meetings of our Governing Body in public.

4 Working in Partnership

4.1 Relationship with Local Authorities

Many different organisations have an impact on health through their policies and practice and it is vital they work together to initiate change. The CCG operates across an area where services are commissioned or delivered directly by Norwich City Council, Broadland District Council and Norfolk County Council. Local authorities in particular are in a unique leadership position, with power to promote and protect their citizens' health and well-being through comprehensive and systematic approaches to policy and planning.

The CCG and Norfolk & Waveney Public Health have worked with the relevant local authorities. The CCG and Norwich City Council held a joint workshop for the CCG Governing Body, City Council officers and councillors to:

- develop a common understanding across the two organisations about the problems and issues we are trying to address.
- Build upon those identified areas of common interest where greater collaboration could achieve better health outcomes.

Significantly Norwich City Council endorsed the 2008 Zagreb declaration in July 2012, demonstrating its commitment to improving the health and wellbeing of the people living in Norwich and its commitment to partners to embed the health agenda into policies made for the city's future. Then within its civic leadership role, and working with Norwich Clinical Commissioning Group (CCG) and wider partners, Norwich City Council applied for Norwich to become a member of the World Health Organisation UK Healthy City network.

The Leader of the City Council chairs the Norwich Locality Board, a wider partnership forum that provides the space and freedom to respond to matters of importance to partners, to

share information, align activity and instigate action. Its key objectives are to promote collaborative and new ways of working, and better co-ordination of public service delivery. The Norwich Locality Board has embraced the Healthy city programme and is steering and shaping the broadest contribution to health and wellbeing activity in Greater Norwich

4.2 Wider Partnership & Engagement Activity

Outside of these relationships and formal partnership arrangements, Norwich CCG have worked with other organisations , local communities, and the people of Norwich in the development of this strategy for Norwich.

Over the last 10 months the CCG and public health have held workshops and public meetings, conducted public consultations, attended community events, and spoken with groups of local doctors, nurses, health and social care managers, and representatives from local charities and voluntary groups.

We believe that this Health and Wellbeing Strategy reflects not only the health needs of the people of Greater Norwich, but also reflects their values and priorities:

- That services like Health, Social Care, and Housing should work together to help the vulnerable in our society in a joined-up way
- That we should support people to stay well, independent, and remain within their own homes and communities
- That we should find ways of helping people understand how to stay well, and give them the information, resources, and support to do so.
- That when people do become unwell, they can feel confident that their local health services are accessible, good quality, safe, and will treat them with consideration and respect

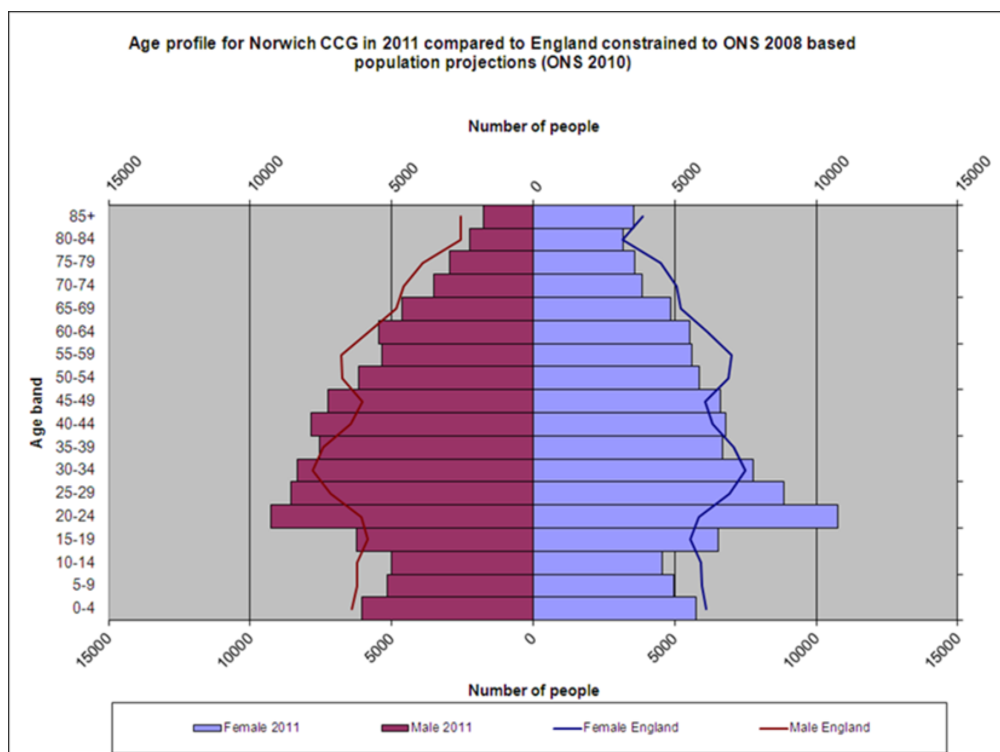
We will continue to develop ways to gather the views and experiences of the patients, carers, and the public on the care and treatment they receive, and their ideas and suggestions for making Norwich a Healthier City.

5 Norwich Health & Wellbeing Profile

The health and wellbeing profile has been developed by the public health team based at Norfolk County Council and led by the Consultant in Public Health Medicine aligned to the CCG. It is designed to help the CCG, local government, providers of health services, and partner organisations understand the health needs of different communities within Greater Norwich, and inform our work to improve people's health and reduce health inequalities.

5.1 Our Population

- Norwich CCG has a registered population of approximately 208,600 people. This includes males: 103,500, (49.5%); females: 105,100 (50.5%).
- There are 23 general practices in Norwich CCG; practice list sizes range from 1,887 persons to 17,028 persons with an average list size of 8,922 persons.
- Norwich has a youthful age profile, with large proportions of younger people (particularly 20 to 29 year-olds) in the population compared with the county rate.
- 69% of the population are of working age; well above county and national rates.
- Norwich has lower proportions of children and older people particularly in comparison with Norfolk as a whole.
- Over the next 20 years, Norwich is likely to see much larger increases in working age population as a proportion of the total population.
- Norwich has the highest number and proportion of people belonging to ethnic minorities in the county.

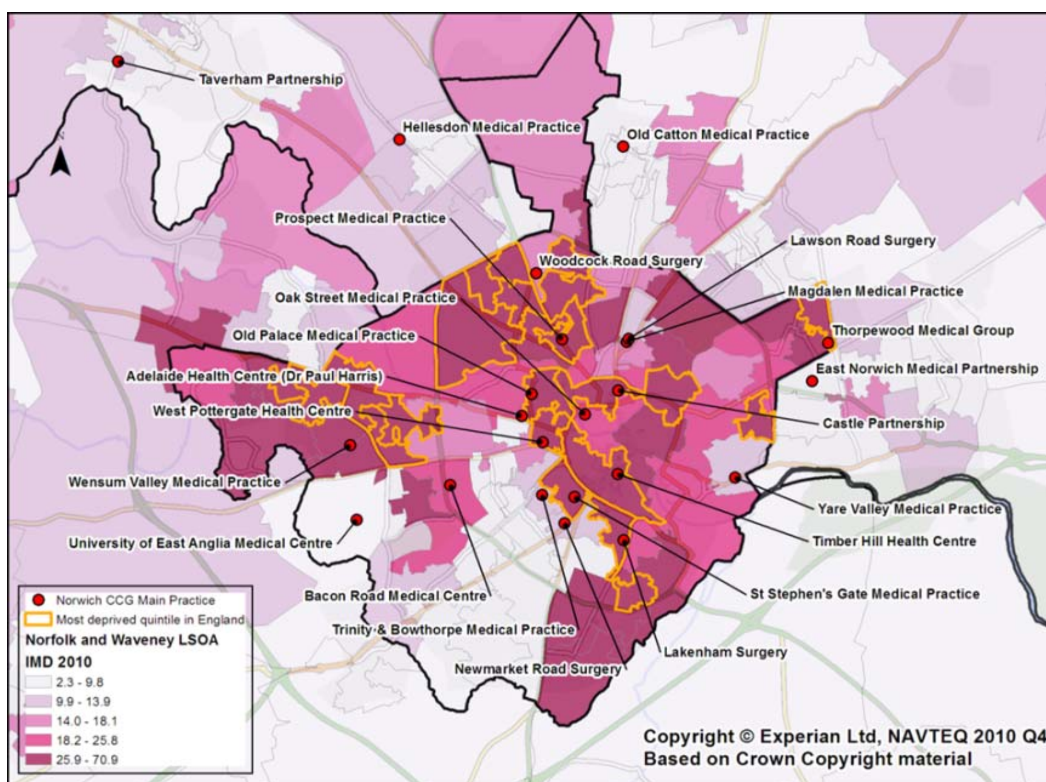


5.2 Deprivation

- Deprivation is higher than average and Norwich city is the 70th most deprived district in England.

- Norwich CCG has 1 practice in the most deprived quintile in England, 2 practices in the most deprived 10 in Norfolk and Waveney
- Out of the ten per cent most deprived LSOAs in England in terms of the IMD, 27 are in Norfolk and seven of these are in Norwich. If we look at the most deprived quintile in England, 23 LSOAs fall in this category.
- The 23 Norwich LSOAs in the most deprived 20% in England have the following characteristics on average:
    - over a third of people (35.4%) are income deprived
    - one in five of women aged 18-59 and men aged 18-64 (20.3%) are employment deprived
    - Nearly 1 in 2 children (48.8%) live in families that are income deprived
    - 37.5% of older people are income deprived
- The most deprived MSOAs in Norwich include Mancroft, Milecross, Lakenham and Wensum these are areas with greatest health need.
- At 32.5%, the proportion of children affected by income deprivation in Norwich is higher than that of Norfolk as a whole (based on 2007 Indices). This means that close to 7000 children in Norwich live in poverty.

Index of Multiple Deprivation 2010, Norwich by Lower Super Output Area.



5.3 Life Expectancy

- Life expectancy for men is lower and for women higher than the England average for people resident in Norwich. Life expectancy for both men and women is higher than the England average for people resident in Broadland.
- Life expectancy is 6.7 years lower for men and 3.2 years lower for women in the most deprived areas of Norwich than in the least deprived areas (Health profile 2012). Life

expectancy is not significantly different for men and women in the most deprived areas of Broadland compared to the least deprived areas.

- Over the past ten years, death rates from all causes has fallen. The early death rate from heart disease and stroke have improved in Norwich and Broadland. They are now similar to the England average in Norwich and better than England average in Broadland.
- There is a 3 fold variation between practices for cancer mortality among females. Although the male premature cancer mortality (DSRs) are significantly worse than county, regional and national averages, the variation is less than that observed for females at approximately 2 fold.
- Premature circulatory mortality has been increasing among females over the 4 year period observed (05-07 to 08-10). This is in contrast to county, regional and national trends. There is also a 5 fold variation in circulatory mortality between constituent practices.

5.4 The Life Course – Key Stages

5.4.1 Children and Young People

- 78% of children in reception year are of a healthy weight. However, although this rate is better than county and national averages, it drops to 68% by Year 6
- Overall, levels of obese and overweight children in Year R and Year 6 in Norwich are average compared to the rest of the county. About 17% of Year 6 children are classified as obese.
- Compared with National rates, a low percentage of pupils spend at least 3 hours per week on school sport.
- Levels of teenage pregnancy are higher than county, regional and national averages.
- GCSE attainment for Norwich is the worst among local authorities in East of England.
- It is estimated there are 1,245 children in Norwich with a diagnosable mental health condition and a similar number are estimated to have emotional or behavioural problems.
- The extent of drug and substance misuse by young people aged between nine and 17 years in Norwich is above the average for Norfolk and regionally.

5.4.2 Working Age

- An estimated 24% of adults smoke and 22% are obese.
- There are 194 deaths from smoking each year.
- In Norwich, only 1 in 10 adults participates in regular physical activity.
- Although the proportion of mothers who smoke during pregnancy in Norwich is not significantly different from the national average, this remains a key issue that needs to be addressed.
- Hospital admissions related to smoking are high, and lung cancer registrations are above the national average.
- There were 2,326 hospital stays for alcohol related harm in 2009/10
- Hospital admissions for alcohol-related harm in Norwich are significantly lower than the England average, although alcohol-specific admissions for females are higher.
- 3.7% of people in Norwich are diagnosed with diabetes, which is lower than the England average, although with undiagnosed cases the rate is estimated to be 5.6%, and rising over the next few years.
- Over the next ten years, the rate of people in Norwich living with the effects of COPD is expected to be consistently lower than that seen nationally.
- On average, 348 people in Norwich are diagnosed with cancer each year, with slightly more men diagnosed than women. Breast, lung, large bowel (colorectal) and prostate cancers account for over half of all the cancer diagnoses.

- Levels of diagnosed depression for Norwich Consortia patients for 2009/10 show an increase to 9.1% from 7.2% in 2008/09. This is a national trend and the overall increase is similar to that of Norfolk as a whole.
- Norwich has the highest rate of deaths from suicide and undetermined injury among those aged under 75 in Norfolk. Norwich rates are also higher than the average for the region and for England.
- Norwich has the lowest estimated rates of CHD across Norfolk, with the number of people living with ill health caused by CHD forecast to remain the same over the next ten years. A similar picture is seen for those living with the effects of stroke.

5.4.3 Older People

- Estimates show in Norwich, 554 men have dementia (one of the lowest across Norfolk), which is expected to rise to 850 by 2030. The figure for women is estimated at 1,060 and projected to increase to around 1,300 by 2030.
- The potential high cost of falls and frequency that they occur highlights the importance of prevention.
- Norwich has a high rate of Excess winter deaths compared to regional and national averages.

6 Goal 1 – Improving Quality and Safety

Quality of healthcare will be measured in terms of **patient outcomes** – the extent to which the services improve the situation or condition for which the patient is being treated; and **patient experience** – feedback from patients about how they were treated by the services, and how satisfied they were with their experience of healthcare. **Patient Safety** is the prevention of errors and adverse effects to patients associated with health care.

Patients should be treated in clean and comfortable facilities, with their care delivered in a timely and coordinated way by every part of the health system. They should be kept informed about their care, participate in decisions, and feel confident and in control.

Patients, carers, and their families should be treated with respect by all staff, not least to preserve dignity and privacy; with compassion and responsiveness to what matters to each individual; and with honesty in all matters relating to the patient's health and wellbeing.

6.1 Achieving Continuous Improvement in Quality and Safety

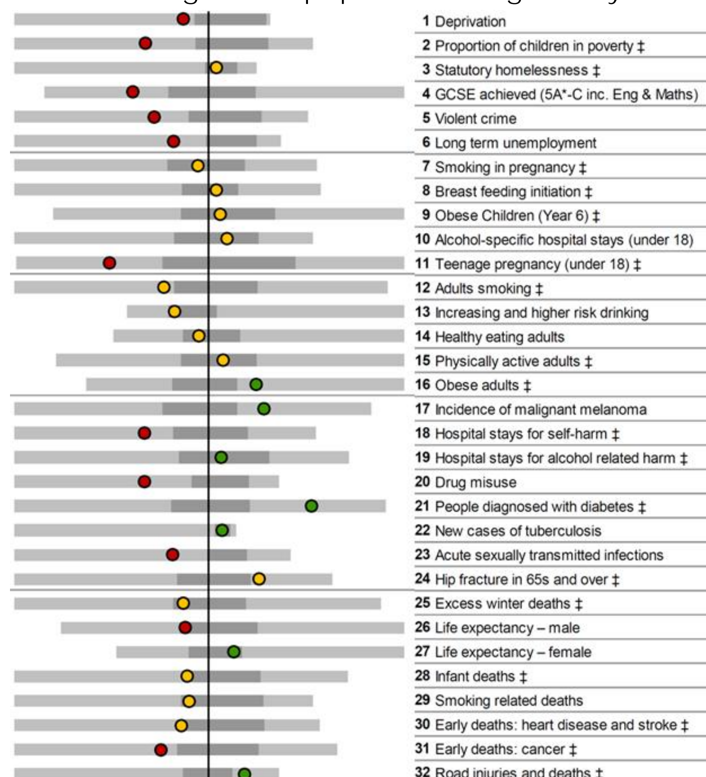
We will achieve continuous improve by:

1. Developing and enabling clinical leaders within the CCG to focus on continuous improvement in all aspects of quality and safety;
2. Actively seeking the views of patients, carers, member practices and the wider community about their experience of services and how they can be improved
3. Encouraging the reporting of errors and near misses and using them as a basis of learning and improvement
4. Treating complaints and concerns sympathetically, investigating promptly, and using them to improve the quality of services and to protect patients;
5. Actively learning from patients, public, member practices, providers and carers experiences;
6. Being actively involved in 'look and see' exercises through being part of internal audit inspections in providers;
7. Including requirements for quality and safety actions and outcomes in all of our contracts with providers of health services;
8. Promoting a culture of continuous improvement in provider organisations through contracting and monitoring arrangements; and
9. Developing our people to ensure they have the skills to commission services with effective systems for managing and improving quality and safety.
10. Working closely with other organisations – including the Care Quality Commission and HealthWatch – to share information about the quality and safety of health services.

7 Goal 2 – Improving Health and Wellbeing

7.1 Indicators of Health and Wellbeing

Norwich CCG and its partners in Norfolk and Waveney Public Health will monitor the health and wellbeing of our population using 32 key indicators. The black vertical line down the centre of the chart shows the England average; the coloured circles show the Norwich position. If the coloured circle is to the right of the vertical line we are healthier than the England average for that indicator; if we are to the left we are less healthy.



If the circle is yellow then Norwich is close to the UK average (slightly better or slightly worse).

If the circle is green we are significantly healthier than the England average for this indicator

If the circle is red we are significantly less healthy than the England average for this indicator

Norwich has the following indicators that indicate a significantly less healthy population:

- Deprivation
- Children in Poverty
- GCSE achievement
- Violent Crime
- Long Term Unemployment
- Teenage Pregnancy (under 18)
- Hospital Stays for Self-Harm
- Drug Misuse
- Acute Sexually Transmitted Infections
- Early Deaths from Cancer

Health services have an important role to play in improving health and wellbeing, but it is clear that these indicators are influenced by a range of organisations, including the Norwich City and Broadland district councils, the County Council, Schools, Colleges and Employers, the Police and Probation services, and Voluntary and Community organisations. It is therefore

vital that we work in partnership across the city to improve these key measures of health and wellbeing.

7.2 Norwich: A World Health Organisation Healthy City

Healthy Cities is a global movement that engages local authorities and their partners in health development through a process of political commitment, partnership, and innovation. The Healthy Cities approach seeks to put health high on the political and social agenda of cities and to build a strong movement for public health at the local level. Successful implementation of this approach requires innovative action addressing all aspects of health and living conditions, and extensive networking between cities across Europe and beyond.

In July 2012 Norwich City Council and Norwich CCG submitted a joint bid to the World Health Organisation, and in September were awarded Healthy City status. We are now working with partners to develop joint projects and initiatives across seven key areas of work:

1. **Physical Activity** – improving awareness of the benefits of an active lifestyle, and improving access to activities in the city.
2. **Diet, Nutrition, and Healthy Weight** – supporting people to make healthier food choices, and provide services to people seeking to achieve a healthy weight.
3. **Education, Training, and Employment** – recognising that the socio econonic status of individuals impacts upon health and wellbeing; seeking to reduce the numbers not in education, training, and employment and promote the "living wage" for those in employment ; working with the education and employment sectors to raise awareness of health issues, and reduce sickness absence.
4. **Sexual Health** – promoting safe sex, providing local and confidential sexual health services, and reducing sexually transmitted diseases and unintended pregnancies.
5. **Smoking, Alcohol, and Drug Misuse** – helping people to stop smoking through the provision of local smoking cessation services, and reducing drug and alcohol misuse.
6. **Health Screening and Prevention** – improving access to screening opportunities, and encouraging people at risk of future ill-health to participate in regular health screening.
7. **A Healthy Urban Environment** – making health and wellbeing a key consideration in urban planning, housing, and transport for the city.

8 Goal 3 – Reducing Health Inequalities

8.1 The Marmot Review

The Marmot Review 'Fair Society, Healthy Lives' is the basis of the current national strategy for tackling health inequalities. The review identified a **social gradient** in health – the lower a person's social position, the worse his or her health. Many of the policy recommendations from the Marmot Review require action at national level, but there are opportunities for local organisations – working in partnership - to play a key role in tackling health inequalities. Of the six main areas of policy, five have elements for local implementation, and will be considered as priorities for CCG Commissioning, and within the WHO Health City Programme.

Give Every Child the Best Start in Life

- Increase the proportion of overall expenditure allocated to early years, and ensure that this expenditure invested progressively across the social gradient.
- Continuously improve pre- and post-natal care to reduce the adverse outcomes of pregnancy and infancy

Enable Children, Young People and Adults to maximise their Capabilities and have Control over their Lives

- Work with partners in the education sector to ensure to reduce inequalities in pupils' educational outcomes.
- Reduce social inequalities in life skills, by improving awareness of health issues, and the availability and use of local health services.
- Support life-long training and development for our workforce.

Create Fair Employment and Good Work

- Act as fair and positive employers - and encourage our providers to do - by being flexible about retirement age; and creating or adapting jobs that are suitable for lone parents, carers and people with mental and physical health problems.

Create and Develop Healthy and Sustainable Places and Communities

- Prioritise policies and interventions that reduce both health inequalities and mitigate climate change, by:
  - Improving active travel across the social gradient
  - Improving the availability of open and green spaces across the social gradient
  - Improving the food environment in local areas across the social gradient
  - Improving the energy efficiency of housing across the social gradient.
- Support local community regeneration programmes that remove barriers to community participation and action, and reduce social isolation.

Strengthen the Role and Impact of ill-health Prevention

- Prioritise investment in ill health prevention and health promotion to reduce the social gradient.
- Implement an evidence-based programme of ill health preventive interventions that are effective across the social gradient by:
  - Focusing public health interventions such as smoking cessation programmes and alcohol reduction on reducing the social gradient
  - Improving programmes to address the causes of obesity across the social gradient.
- Focus core efforts of Public Health on interventions related to the social determinants of health proportionately across the gradient.

9 Goal 4 – Delivering Value for Money

9.1 Quality, Innovation, Productivity and Prevention (QIPP)

Public services – including the NHS – are experiencing financial pressure, and will continue to do so for the foreseeable future. The challenge set out in the recent health reforms is to improve quality and safety of care while reducing overall costs, by achieving greater cost efficiency. QIPP is a national programme designed to transform NHS care, using a range of tools to ensure that the NHS can operate within its means while improving the quality of care and the patient experience. Norwich CCG will drive the QIPP agenda forward over the next five years as a key strategic theme:

Quality	the delivery of the right care in the right place first time is high quality care, and cost-effective care
Innovation	The use of new methods, treatments, technologies, and working practices can both improve care and achieve efficiency savings.
Productivity	The ongoing reduction of waste through the redesign of services, and by challenging the providers of care to improve their efficiency.
Prevention	The promotion of health and healthy lifestyles to improve the quality of life for our citizens, and reduce the need for high cost medical care.

9.1.1 Collaboration and Integration

The integration of services to provide patients with joined up care, while avoiding duplication and waste has the potential to significantly improve patient care and value for money for the taxpayer. We will work with our main providers – using a mix of dialogue and incentives – to further integrate care. Over the next five years we will work to support providers of acute medical care, community healthcare, mental healthcare, and adult social care to work in partnership in and with the communities they serve – seeking to keep people well and at home, and ensuring they receive prompt, high quality, and joined up care before, during, and after episodes of ill health.

9.1.2 Contestability & Competition

The vast majority of healthcare in Norwich is provided by a small number of large and established NHS Providers. This provides significant opportunities for integration and collaboration, but also that as monopoly providers they may over time become inefficient, and listen less carefully to the wishes of the community and the need of patients. Norwich CCG will therefore consider the use of competition to drive quality and improve value for money in appropriate circumstances:

- Where services do not meet the necessary standards of quality and safety
- Where patients report a poor experience of care
- Where services do not represent value for money
- Where patients indicate they wish to have a choice of provider
- Where providers fail to work in partnership to deliver joined up care

9.1.3 Empowerment & Choice

One of the major themes of the current health reforms is the further empowerment of the patient; 'no decision about me without me'. We consider that the patient is usually the person best placed to make decisions about their care, and that properly supported, will make decisions which produce good health outcomes and cost-effective care. Norwich CCG will continue to explore ways in which the patient can be further empowered, in line with the feedback from our public consultation:

- Improving advice and information to support patients to use health services appropriately
- Training patients to manage long term conditions better
- Implementing Personal Health Budgets to empower patients to purchase their own packages of healthcare using public funds.

We believe that patient empowerment and public engagement can help shape services that are more relevant and potentially more cost-effective. In our commissioning and procurement, we are therefore interested in exploring co-design and co-production models.

9.2 Health Prioritisation

The aim of a health prioritisation framework is to enable us to make good, rational decisions about which services are commissioned, ensuring that services are overall as effective, cost-effective and fair as possible, achieving the best value for money and the greatest health gain. The CCG wishes to provide a clear public statement about the factors to be taken into account when decisions are made about which services and treatments are to be given priority.

Norwich CCG will apply prioritisation criteria to all areas of major expenditure on health services. New proposals will be evaluated together with existing services to ensure that public money is used to achieve the greatest overall health benefit for the population of Norwich CCG.

Prioritisation Criteria	Weighting
Cost Effectiveness (relationship between health benefit and cost)	19.5%
National Priorities (NHS Constitution and Commissioning Outcomes Framework)	15.5%
Clinical Effectiveness	14.5%
Health Outcome	12.1%
Unmet Need (whether other treatment options exist for the defined group)	12.0%
Health Inequality (The extent to which a service addresses the social gradient)	9.7%
Budget Impact (overall affordability within the CCG financial limits)	7.5%
Deliverability (extent to which the service can be implemented and benefits realised)	3.6%
Wider Benefit (indirect benefit on other services and service users)	3.5%
Public Profile (reputational and relational impact of the proposed change)	2.1%

10 Improving Treatment & Care

The four key goals of the Health & Wellbeing Strategy are designed to significantly improve the health and wellbeing of our City, while staying within our budget. This is the right long term goal, but we must also work to ensure that local health services are designed to offer good treatment and care, and help people recover full health wherever possible.

10.1 Planned Healthcare

We will review the major areas of health treatment, such as dermatology, orthopaedics, oncology, and gastroenterology. We will seek the views of patients currently receiving care, and then improve and simplify the care pathway. Where patients indicate their support we will bring more services, such as diagnostics, into the community; and offer patients choice of provider, and the information to help them choose the service best suited to them.

10.2 Urgent & Emergency Care

We will work to improve the quality of care and support to people with long term health conditions such as asthma, diabetes and heart disease, preventing them from becoming acutely unwell and being admitted to hospital as an emergency. Patients admitted as an emergency generally experience worse outcomes than those supported to manage their conditions and remain well.

We will work to improve those services designed to help people recover after discharge from hospital or community care, and avoid being readmitted, whether they have been injured, are coping with a long term condition, or are recovering for drug or alcohol dependency.

10.3 Supporting Frail Elderly People to Live Independently

We will continue to design and develop community based services, such as Case Management and Care Coordination, to help maintain older people in their homes for longer. We will work with Voluntary Groups to help older people remain social active, connected with their communities, and receiving the financial and other state support to which they are entitled.

10.4 Supporting Carers

We will work to improve the support for young and adult carers, who often have the responsibility for caring for a family member or friend with little or no support. Children who take on a significant caring role are less likely to do well at school, and are more likely to experience poverty and social exclusion.

10.5 Improving Access to Primary Mental Health Services

We will work to improve access to mental health services in the community – including psychological therapies. We will challenge providers to increase the number who recover sufficiently to return to work, avoiding the financial and social problems which can cause further deterioration in mental health.

11 Making it Happen

11.1 Joint Commissioning Boards

Nowich CCG will work with partner CCGs across Norfolk and Waveney to commission jointly from our main providers. The majority of decisions in relation to the commissioning of services from main providers of clinical services are therefore made through formally constituted Commissioning Boards with membership drawn from the member CCGs.

The Commissioning Boards for Norfolk & Waveney are:

1. Central Acute Commissioning Board
2. Norfolk Integrated Commissioning Board - Adult
3. Norfolk Integrated Commissioning Board – Child Health & Maternity
4. Norfolk & Waveney Mental Health Commissioning Board

The committees are attended by CCG Clinicians and Managers and patient representatives.

11.2 Quality Committees

Norwich CCG has constituted a Quality Committee, which aims to provide assurance on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to the safety of services, clinical effectiveness, and patient experience. The Committee provides with Governing Body with assurance that the CCG commissions high quality patient centred care. The Committee is chaired by a member of the Governing Body, with representation from member practices, senior CCG managers and patient representatives.

The CCG also participates in a CCG joint committee for Norfolk and Waveney.

11.3 Clinical Action Teams

Clinical Actions teams were developed in 2011, and led the CCG Programme development for the 2012/13 Operating Plan. They are chaired by a CCG senior clinician, and supported by a dedicated programme manager. The membership is primarily clinicians from relevant local healthcare providers. Current active CATs are:

Children & Families – currently leading on the Norwich Healthy City programme, with programmes including smoking cessation, weight management, alcohol misuse, community paediatric care.

Mental Health – working with existing providers of mental health services – and the health professionals who refer into those services – to assure and improve the quality of local mental health services.

Older People – leading on a range of initiative to support older people to remain well, independent, and active, with programmes including case management, and improving care in nursing and residential homes.

Planned Care – working with local GPs to improve the quality of referrals into hospital, and redesign services to better meet the needs of patients.

11.4 Annual Operating Plan

Each year in February, the CCG will publish an annual operating plan – a short document identifying the main work programmes for the coming financial year, and the relationship

between these programmes and the health and wellbeing strategy. The operating plan will also include a review of the previous year, and the impact of implemented programmes on the strategic measures of success.

11.5 Norwich Locality Board

The CCG will work with wider partners through the Norwich Locality Board to improve health and wellbeing and to deliver the Healthy City prograame, recognising that many different organisations have an impact on the health and well-being of people in Norwich.

12 The National Picture

In developing the CCG Operating Plan each year – and in considering every proposed service change – the CCG will have due regard to the priorities, rights, and requirements as set out in the NHS Constitution, and the Commissioning Outcomes Framework. National Priorities have the second highest weighting within the CCG Health Prioritisation Framework, and the Clinical Action Team portfolios have been designed to cover all relevant elements of the NHS Outcomes Framework.

12.1 The NHS Constitution

Norwich CCG endorses and will comply with the NHS Constitution, which sets out rights and reasonable expectations for all patients receiving care. In particular:

1. Right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament
2. Right to access NHS services, which will not be refused on unreasonable grounds
3. Right to expect local NHS to assess the health needs of the local community and commission and put in place the services to meet those needs as considered necessary
4. Right – in certain circumstances – to go to other European countries for treatment which would have been available through the NHS
5. Right not to be unlawfully discriminated against in the provision of NHS services
6. Right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible
7. Right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality
8. Right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide
9. Right to drugs and treatment that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate
10. Right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence
11. Right to receive vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme
12. Right to be treated with dignity and respect, in accordance with human rights
13. Right to accept or refuse any treatment offered, and not to be given any physical examination or treatment without valid consent
14. Right to be given information about any proposed treatment in advance, including any significant risks and alternative treatments
15. Right to privacy and confidentiality and to expect the NHS to keep confidential information safe and secure.

16. Right to access own health records
17. Right to choose a GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse
18. Right to express a preference for using a particular doctor within a GP practice, and for the practice to try to comply
19. Right to make choices about NHS care and to information to support those choices