

Pioneer progress, one year on

West Norfolk Alliance



Patient-focused ambitions

Our Alliance Plan is all about achieving:

- Sustainable, coordinated services with patients in control

Principles:

- Independence, choice and quality
- One assessment, one plan
- No organisational boundaries
- Shared information and decisions

A case study of care of an individual ... before ...

West Norfolk Clinical Commissioning Group

CARE PLANNING
Lack of timely, proactive care planning, leading to un-coordinated care

STAFF
Multiple visits from several staff from different organisations

PATIENT
Elderly patient with multiple co-morbidities living with husband of similar ill-health in rural West Norfolk. Patient had a recent hospital admission for treatment of COPD exacerbation. In hospital the patient became disorientated and was assessed and diagnosed with dementia. Discharge from hospital was complicated by an infected leg ulcer with a need for daily dressings. At home the patient had 9 different people visiting for health and social care. The patient and her husband feel anxious and unsupported.

RESOURCES
Duplication of resources via organisational and care replication

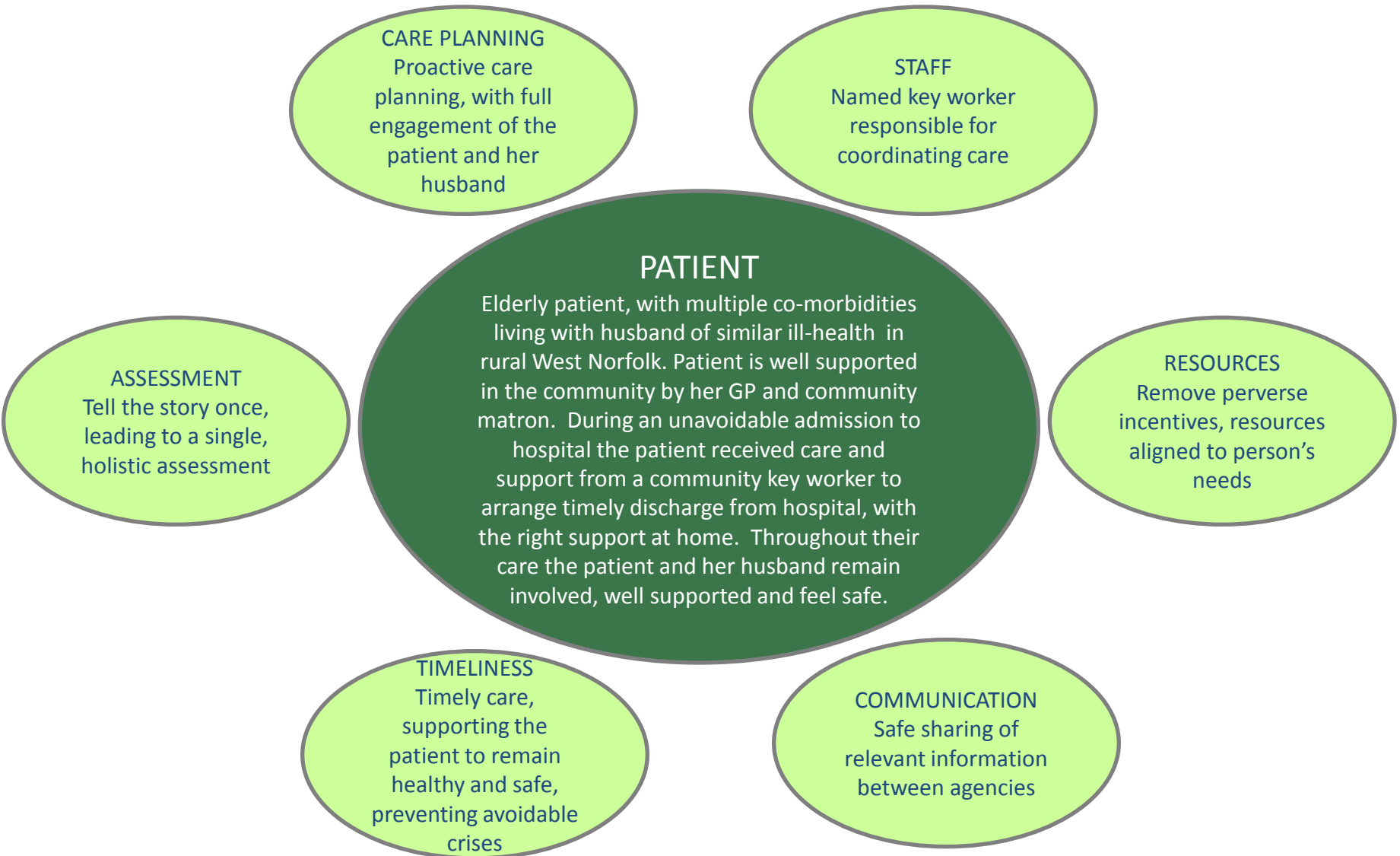
ASSESSMENT
Multiple assessments, duplicating information requested

TIMELINESS
Lack of timely, proactive care to meet individual need and support health and wellbeing

COMMUNICATION
Lack of communication and coordination between health and care professionals

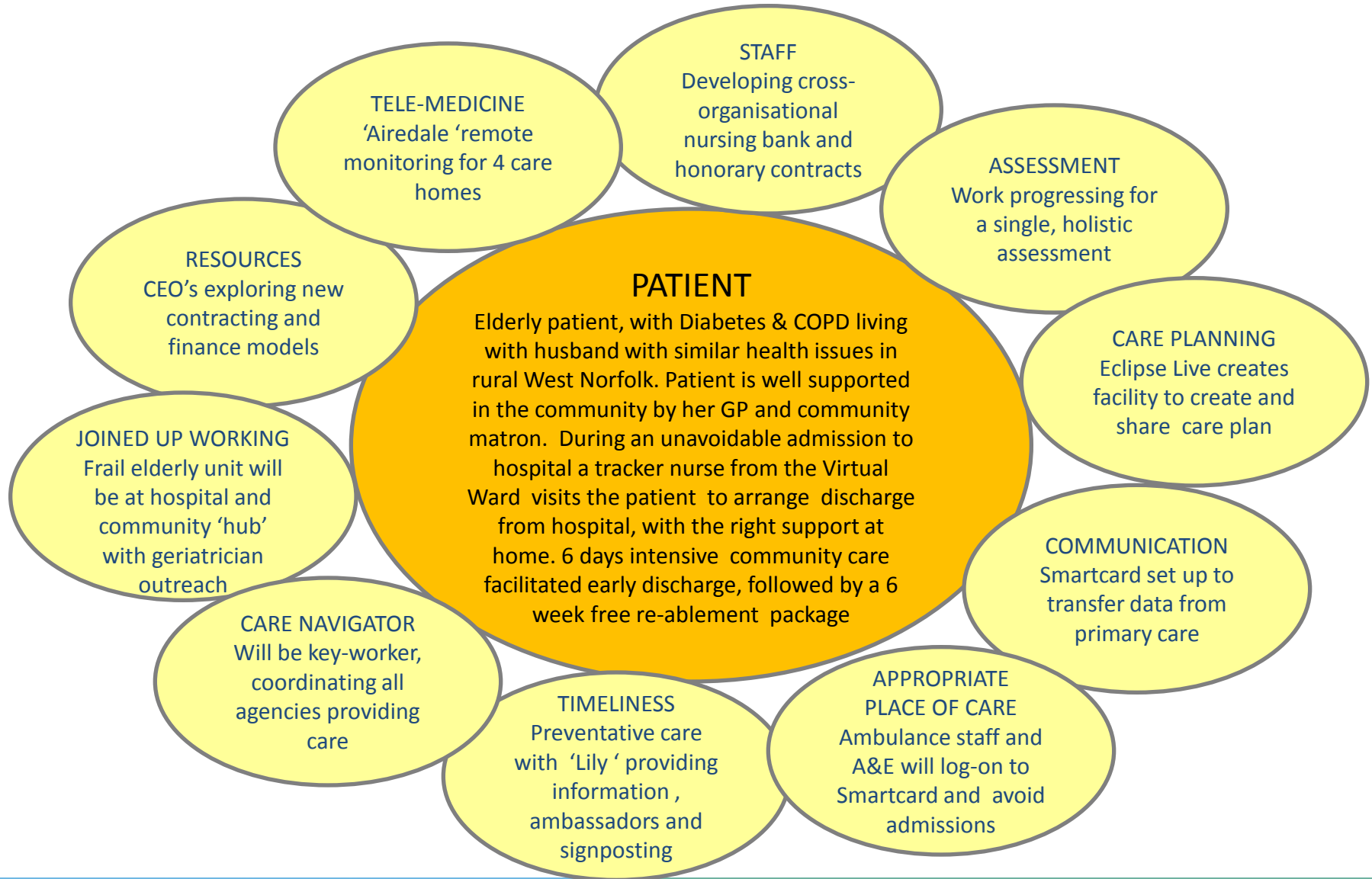
A case study of care of an individual ... in the future ...

West Norfolk Clinical Commissioning Group



A case study of care of an individual ... progress so far ...

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Next steps

- Pioneer network resources and framework for sharing best practice & disseminating results
- Integration as a solution to the sustainability problems in a small rural health economy with a District General Hospital in Special Measures
- Implementing new contracting agreements with providers incorporating shared values, aligned goals and creative workforce development across partners

Integrated Care ‘Your Norwich’



*Your*Norwich

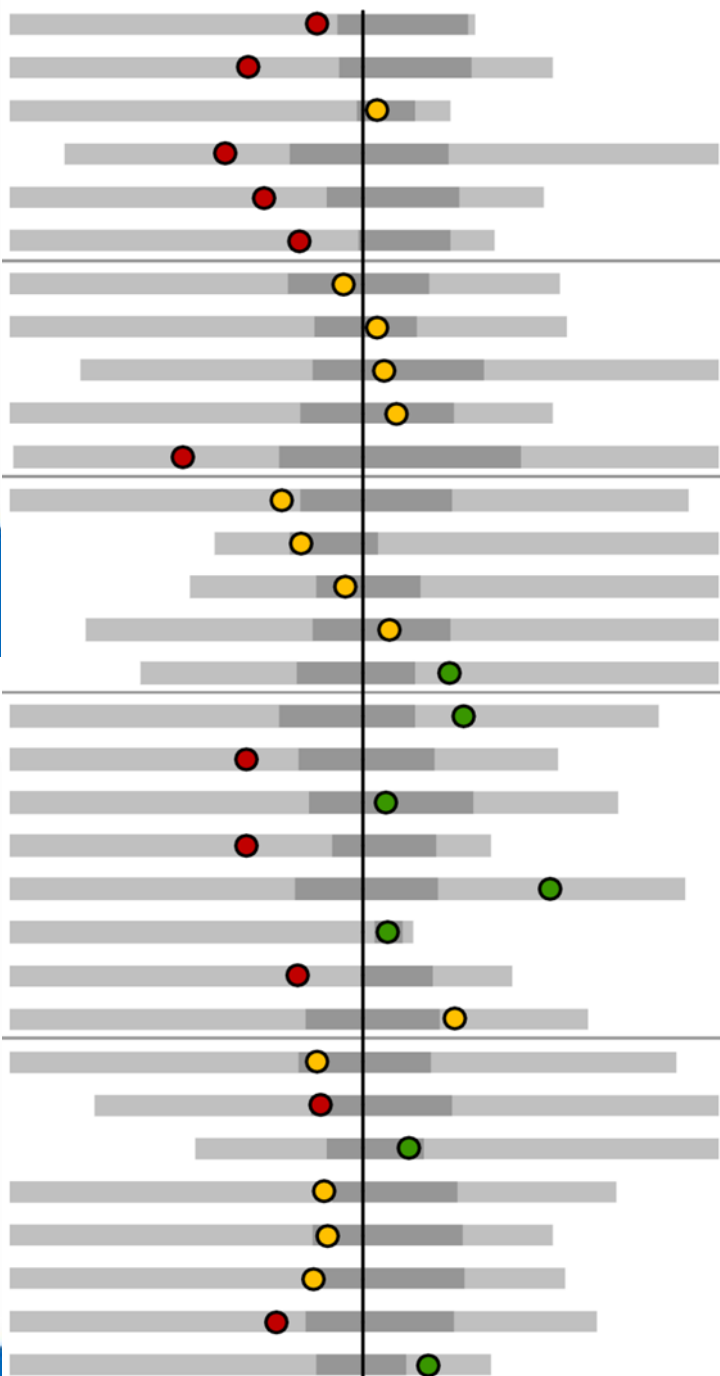
Partner Organisations

- NHS Norwich Clinical Commissioning Group
- Norfolk Community Health & Care
- Norfolk County Council
- Norfolk & Norwich University Hospital NHSFT
- Norfolk & Suffolk FT (Mental Health)
- Norwich City Council
- Broadland District Council
- East of England Ambulance Service
- Norfolk Older Peoples Strategic Partnership
- Age UK Norwich



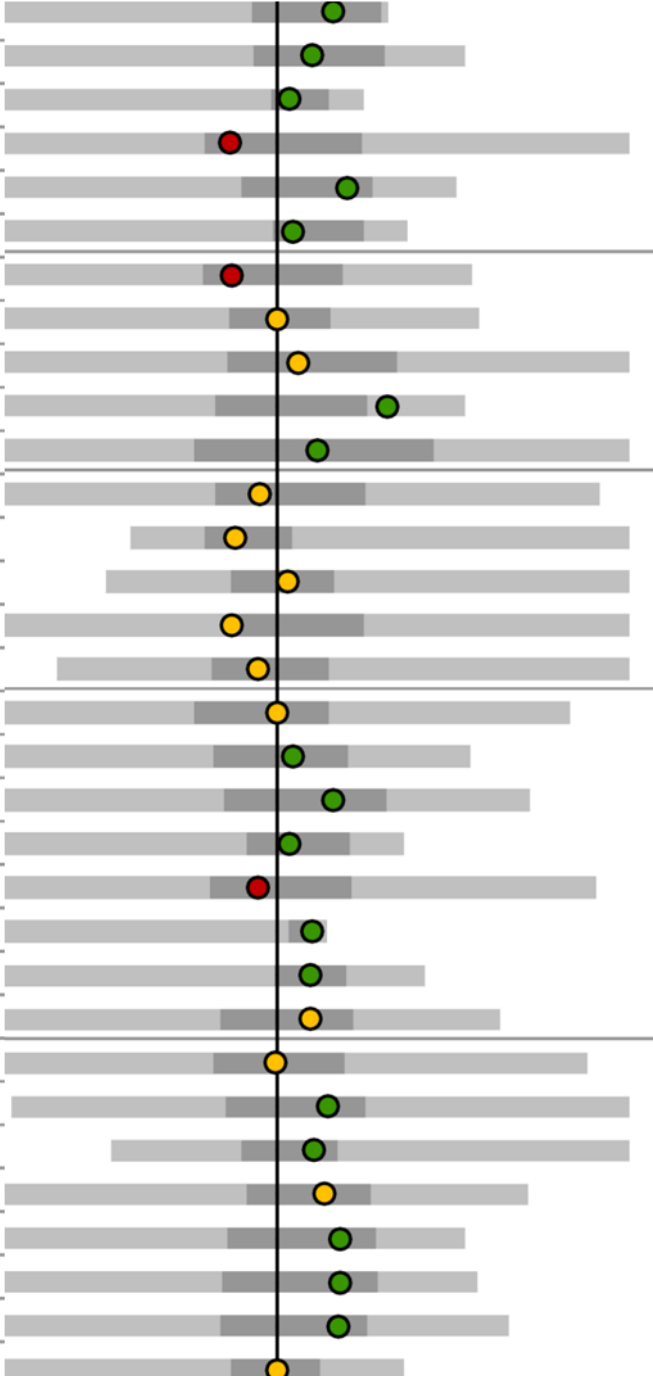


Norwich



- 1 Deprivation
- 2 Proportion of children in poverty ‡
- 3 Statutory homelessness ‡
- 4 GCSE achieved (5A*-C inc. Eng & Maths)
- 5 Violent crime
- 6 Long term unemployment
- 7 Smoking in pregnancy ‡
- 8 Breast feeding initiation ‡
- 9 Obese Children (Year 6) ‡
- 10 Alcohol-specific hospital stays (under 18)
- 11 Teenage pregnancy (under 18) ‡
- 12 Adults smoking ‡
- 13 Increasing and higher risk drinking
- 14 Healthy eating adults
- 15 Physically active adults ‡
- 16 Obese adults ‡
- 17 Incidence of malignant melanoma
- 18 Hospital stays for self-harm ‡
- 19 Hospital stays for alcohol related harm ‡
- 20 Drug misuse
- 21 People diagnosed with diabetes ‡
- 22 New cases of tuberculosis
- 23 Acute sexually transmitted infections
- 24 Hip fracture in 65s and over ‡
- 25 Excess winter deaths ‡
- 26 Life expectancy – male
- 27 Life expectancy – female
- 28 Infant deaths ‡
- 29 Smoking related deaths
- 30 Early deaths: heart disease and stroke ‡
- 31 Early deaths: cancer ‡
- 32 Road injuries and deaths ‡

Norfolk



Principles for a New Model

Norwich Clinical Commissioning Group

Supporting older people to be well, independent and at home, through an integrated model of community health and social care

Designed in partnerships with patients, families, and the wider community

Built to sustain the key components of the Norwich health system and enable rational partnership for change



YourNorwich

Norwich Clinical Commissioning Group

- * Primary Care Localities (50,000 pts)
 - * General Practice Cooperation & Shared Services
 - * Community Nursing & Therapy
 - * Community Mental Health
 - * Social Care & Care Coordination

- * Whole City Services
 - * Intermediate Care Model
 - * Community Based Specialists
 - * Rapid Community Response

- * Community Assets
 - * Education & Training
 - * Self-Care Planning
 - * Connecting Community Support with Users
 - * VCS Services – ‘Pre-Primary Pathway’

- * Technology
 - * Risk Stratification
 - * Cloud Based Care Planning
 - * Communication Technology
 - * Assistive Technology

Phase 1 (Q1 & Q2 14/15)

1. Risk Stratification
2. Norwich 'Health Cloud'
3. 'YourNorwich' Voluntary Services Directory
4. Community Rapid Response Service
5. Remodelling – Intermediate Care System
6. Community Services for End of Life Care



YourNorwich - voluntary service directory



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Access to a community of organisations across Norwich

Search this directory to find health, care and other support services run by voluntary organisations. Type in the search bar above, or if you prefer, browse the directory by "Categories" or "Location" using the tabs above