NHS
Norwich
Clinical Commissioning Group

Improving Health and Wellbeing

A new model of care for Norwich

What it could mean for you

A consultation 23 July to 12 October 2018

Foreword

Tracy Williams Clinical Chair, NHS Norwich CCG

We all have a part to play in improving health and wellbeing

When NHS Norwich CCG was formed in 2013, we promised to deliver "an improvement in our population's health and wellbeing through affordable, integrated, individualised, high quality health and care; available to all that need it and primarily delivered through integrated community primary care teams"

For the last 5 years, that's exactly what we've done through our two key work programmes outlined below.

Our vision going forward is to deliver a new model of care for you by building on these two key work programmes. We will do this by having something called an Alliance Agreement. This means we will work closer, and in partnership with a number of organisations including NHS providers, voluntary sector, independent and public sector organisations to deliver health and wellbeing services. We will tell you more about how this could work later in the document and what it could mean for you in our scenarios.

The CCG as you may be aware is made up of 23 member practices whose patient population covers a large geographical spread including parts of Broadland and south Norfolk councils, more information can be found on our website https://www.norwichccg.nhs.uk/about-us/member-practices.

What we have done so far

Our prevention and health improvement project

Delivered in partnership with Public Health, Norwich City and Broadland District Councils, our Healthy Norwich programme has delivered a variety of projects to tackle inequalities to improve the lives of individuals and communities.

To date we have:

- promoted healthy weight and lifestyles and smoking cessation
- targeted affordable warmth
- championed smoke-free spaces for our children
- tested the benefits of a 'social' prescription for non-medical issues with our GPs
- devised a sugarsmart campaign
- introduced a 'Breastfeeding Friendly' GP Practice scheme

We have also used the Healthy Norwich grants programme to fund lots of new and exciting schemes such as training barbers in mental health first aid so they can help support their local community.

This approach is evidenced through a number of our scenarios later in the document such as Rosemary, Sean and James. We show how it works in our pilots and how it **could** work if rolled out after consulting with you and evaluating the success of each project.

Our integration and transformation project

We have worked with our local health, social care and voluntary sector partners to develop some new services that you may have heard about. Why not take a look at Iris on page 7 and see what could happen if she falls ill.

HomeWard

This is our "hospital at home service" which has supported 1329 individual patients (who were at risk of a hospital admission) to stay safe and well at home since April 2016.

NEAT
Norwich Escalation Avoidance Team

Our Norwich Escalation Avoidance Team (NEAT), a multi-agency response to urgent and unplanned health and care needs, has coordinated a package of care and support for over 1350 people since June 2017 when the pilot launched.

You can see how this might work for Lois (page 8) as well as Emmanuel (page14).

By working together better, we can make it easier for people to access services and, wherever possible, keep them safe and well at home and prevent avoidable hospital admissions and placements into residential care.

We want to provide timely and effective advice and support for your physical and mental health needs so that you can live as independently as possible for as long as possible and help you to achieve your goals. It's about what matters to you – not what's the matter with you.

We also want to provide support for the many family and friends who are carers and are also working with local GPs, provider organisations and residents to improve the quality of care in care homes in Norwich. We will be sharing the findings of our patient insight interviews later in the year.

Your opinions matter – We have produced this document to tell you about the improvements that we have already made and outline what we would like to do next to build on what's already been achieved.

We hope to see you at one of our roadshows, but if you aren't able to come along, please tell us what you think by answering the questions at the end of this document.

Tracy Williams, Clinical Chair.

Next Steps

There's lots more we want to do. Based on the success of NEAT, we are working with our health (including mental health) and care colleagues and the voluntary sector to see how we can improve our planned care services. We are also working with our GPs to develop a more proactive approach to supporting patients with long term health conditions and specialist or complex needs and people who find it difficult to engage with services. We have tried to show how this could work through all nine of our scenarios.

We would also like to see what other types of care could be delivered closer to home.

Why are we doing this now?

There has been a lot of publicity about the pressures faced by the NHS and our social care partners. This is not just about the amount of money that is available, but also linked to the difficulty in recruiting and retaining staff. People are living longer, our population is getting older and the type of care that people want and need is changing. This means that our health and social care services need to change too. There is also an increasing number of informal carers who require support.

But this is not the only reason. You have told us (through patient research both locally and nationally) that you would like to see named doctors, nurses and health professionals on a consistent basis. We also know that you only want to tell your story once and this means that we need to improve the sharing of relevant information between all the organisations involved in your care.

We want to make sure that people receive the right care, in the right place, at the right time. See how Sandy could benefit (page 11).

What are we proposing to do?

Our New Model of Care aims to bring together local GP surgeries, nurses, community health and mental health services, social care, hospital specialists and voluntary sector organisations to provide joined up (integrated) out of hospital care (like we have described in the scenarios in this document and on the display boards if you visit one of our roadshows).

How would we do this?

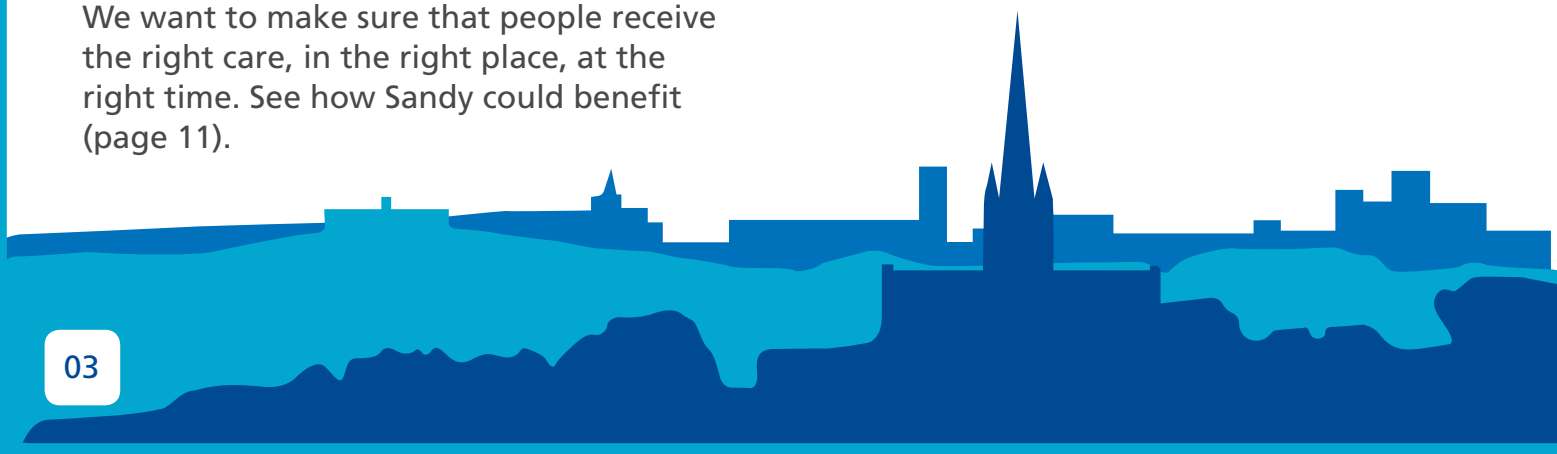
NHS services (including mental health), Norfolk County Council and our voluntary sector partners are working together to deliver the best advice, care and support that we can with the resources (money and staff) that are available.

Our ultimate vision is to have staff from all these different organisations working together in 3 or 4 integrated neighbourhood teams.

We also want to create a service which supports our care and nursing home residents and staff as part of a co-ordinated system with regular planned visits.

To do this, we want to formalise our existing joint working arrangements with an alliance agreement, with a shared vision and a clear plan of how, when and which services are brought together to benefit our local population.

We hope to have the first Alliance Agreement in place during 2019.



But that's not the whole story…

As well as all the work that we're doing to improve health and wellbeing, there are lots of things that **you** can do too. We want to help you stay healthy and live as independently as possible by:

- Connecting you with your local community
- providing health and wellbeing information and advice
- Helping you to stay independent by providing care and support
- Supporting people living with complex needs
- Encouraging self-care and the self-management of long term conditions

If we all work together, we can use our existing resources as effectively as possible to improve the services you receive, deliver them closer to home and help more people by providing the right advice, support and care. See how this could work for Chloe (page 6) and Susan (page13).

When will these changes happen?

There is no big bang planned! We see this as the continuation of what has already happened over the last five years. We will continue to work together to develop and test new ways of working before rolling them out to the wider population.

Scenarios

We have produced some examples (nine scenarios) to describe how local services could be delivered in a more joined up way in the future. We would like you to tell us what you think of our ideas and to see if we have missed anything. You, as the user of NHS and social care services are the expert by experience.

Finally

We will continue to involve patients, carers and stakeholders in our plans for service development and improvement. This could include workshops, patient insight interviews, surveys and further consultations in line with our statutory duties. Information on how to get involved as we go forward will be available through a number of sources;

- You can join our Community Involvement Panel
- Look out for information on our engagement and consultation pages https://www.norwichccg.nhs.uk/

We will let the local media know and ask them to advertise our current involvement opportunities.

Consultation roadshows

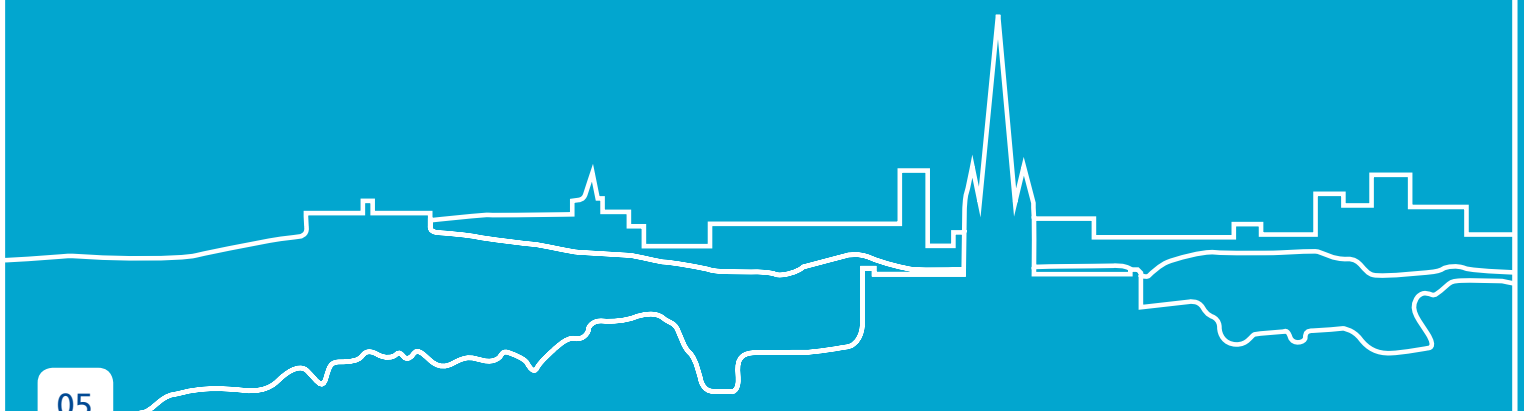
The CCG will be holding a series of roadshows across the area and we hope you will drop in to find out more information about our new model of care. Full details of the venue, dates and times can be found on the inside back page.

Our scenarios

Over the next few pages you will see nine scenarios outlining what services could look like under our new model of care. These proposals are not set in stone and you now have an opportunity to tell us what you think.

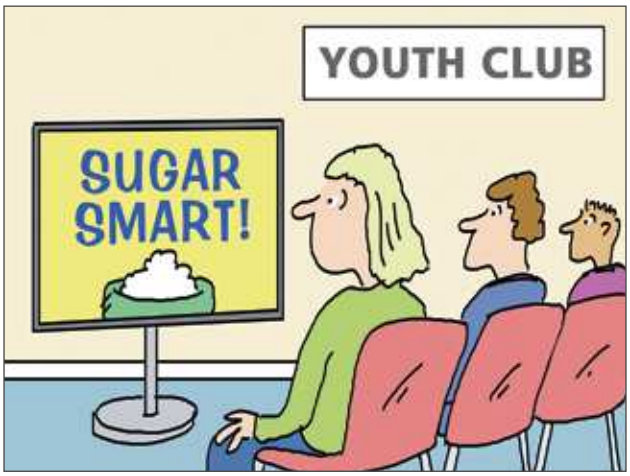
At the end of the document we will ask you some questions about what you have read and the scenarios. Please do take the time to answer as you have an opportunity to influence local health and care services for local people.

So let's find out a bit more about –



Chloe

Chloe is excited about an upcoming football tournament at school. She drinks a lot of fizzy drinks given to her by her Mum and Dad.



Chloe sees a film about being sugar smart.

Chloe asks her Mum and Dad to not buy fizzy drinks anymore and she switches to water.

Chloe's Mum & Dad are asked not to smoke at the football tournament as it's a smokefree zone.

Chloe's mum and dad visit their local pharmacy and they sign up to the Norfolk stop smoking service.

Chloe's check-up shows improvements in her asthma and weight loss.

Iris

Iris develops breathing problems (she has several other illnesses).

Iris takes her medicines but she feels very ill and wants help urgently.

Iris phones the doctors.

The GP realises Iris might end up in hospital, so asks the NEAT to put a package of care and support in place.

NEAT arrange for NHS, social care and voluntary groups to rally round.

Iris is able to stay at home and recover.

Iris and Lois

Iris meets Lois in the Specialist Respiratory Clinic waiting room.

Lois tells Iris about the break-up with her boyfriend and that she feels ‘fed up’.

Iris tells Lois about the Social Prescribing Scheme through her GP and how they helped her.

Lois speaks on phone with GP receptionist and the receptionist makes a referral.

Lois meets with ‘Key Worker’ and discusses her issues.

Lois is now engaged in activities such as gardening and receives help about her drinking.

James

James is depressed having lost his father.

James discusses this with his GP at the surgery.

James contacts the Wellbeing Service.

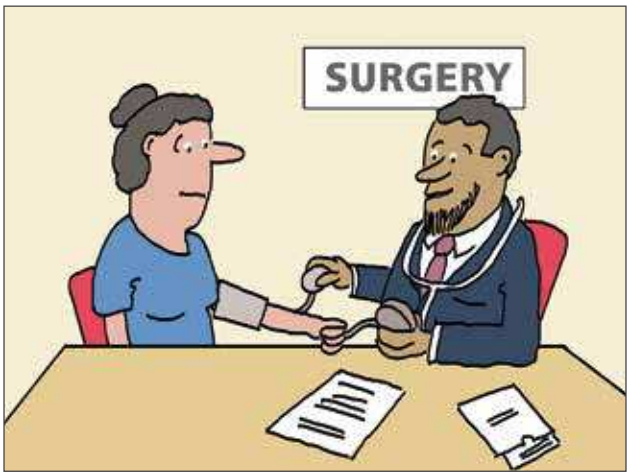
At a check-up appointment James says he's starting to feel better.

James attends a small support group in the evenings.

James' employers are supportive and allow him reduced hours when returning to work.

Rosemary

Rosemary has a number of long term conditions.



She attends a health-check offered by her GP Practice.

The GP makes a number of referrals including to Slimming World.

She also joins Keep Fit groups.

Rosemary plays Walking Netball.

Her check-up shows improvements in her overall health and wellbeing.

Sandy

Sandy receives a letter inviting her for a cervical smear test and ignores it.

She moves to Norwich, and at a new patient health check the nurse notices she has never had a cervical smear test and offers to book one for her.

Sandy says she doesn't need one and, when asked, she reluctantly says she is lesbian and in a same sex relationship.

The nurse discusses with Sandy the importance of having regular smear tests for all women regardless of their sexual preferences.

Sandy is reassured her medical records are confidential and won't record any information she does not want shared.

Sandy visits the reception desk and books her cervical smear test.

Sean

Sean visits his local barber who is part of the 12th man barber scheme. His barber convinces Sean to visit his GP practice.

Sean makes an appointment with the GP/ nurse practitioner and they talk about his low self-esteem and how they can build up his confidence.

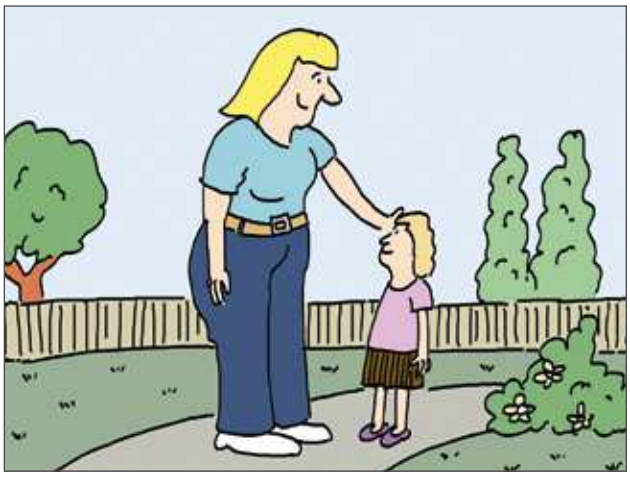
He is referred to three organisations who offer support and work on building self-esteem.

Sean attends Menshed, All to Play For and the Mind over Marathon projects.

Sean visits his GP/nurse practitioner and says he is feeling much better, more confident and has made new friends.

He has started looking for jobs.

Susan



Susan with her daughter aged 3.

She has a low income and has to use a food bank.

She and her daughter are overweight and she has debts including rent arrears.

Her Health Visitor notices marks on her arms. Susan breaks down. The health visitor makes a number of referrals.

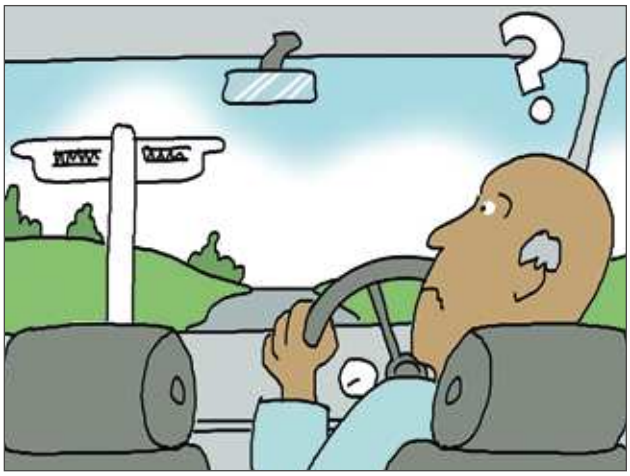
Susan enjoys the support from the classes and also gets free hours of nursery care.

The Social Prescribing Worker refers Susan for help with budgeting and making offers to her creditors.

Emmanuel

Emmanuel's wife notices he is experiencing some memory loss.

He admitted he noticed it too but was scared to mention it.



He admits that once when driving home he couldn't remember the way.

Their doctor carries out some short and simple tests with Emmanuel and refers him for a more comprehensive assessment. He talks to Emmanuel and his wife about dementia.

The doctor also gives Emmanuel and his wife the details of a number of agencies and support.

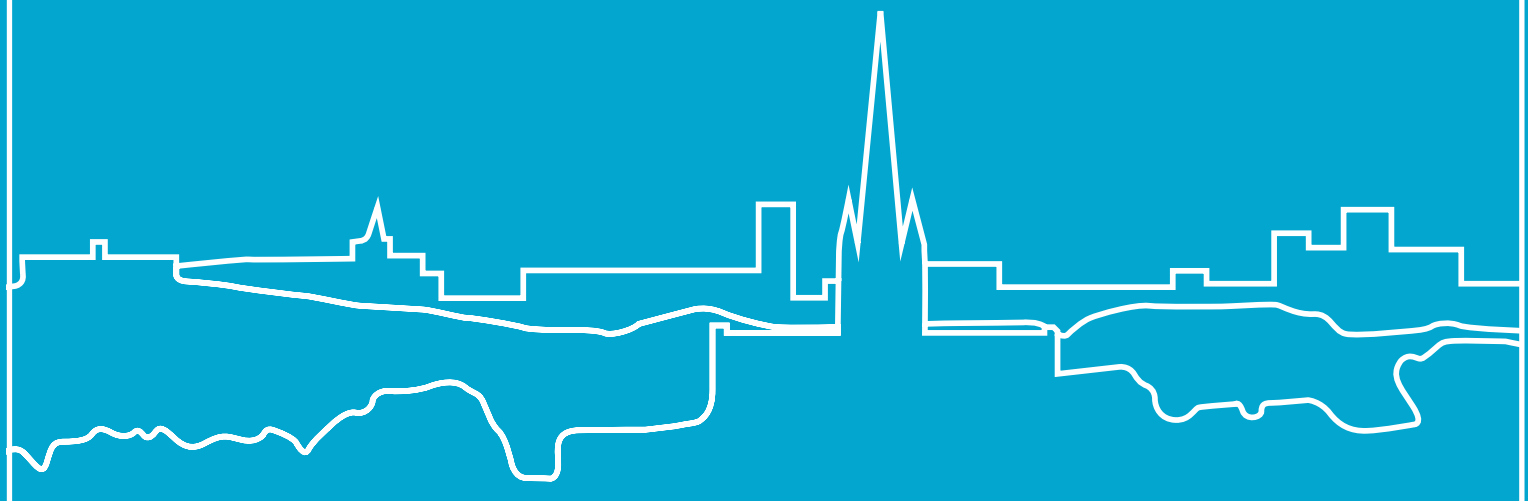
Emmanuel and his wife leave the surgery feeling apprehensive but relieved to have finally told someone their concerns and to know there are services and support for them both.

Questions

We have some questions for you based on what you have read and the scenarios. There is no wrong answer, we just want you to tell us if we are on the right track.

The Alliance approach will be a new single way of working in partnership by bringing together local GP practices, nurses, community health and mental health services, social care, hospital specialists and voluntary sector organisations and others to provide joined up (integrated) out of hospital health and care.

Thank you for taking the time to read this document and letting us have your views.



Questions

1. Are there any services that you think could be part of proposals for an alliance? If yes please tell us below

2. How do you think other local health and care services can be transformed (changed) to work together.

3. Do you think that organisations working together as an alliance will improve the care and support you receive when you need it?
☐ Yes ☐ No ☐ Not sure

4. Would you like to see more services delivered closer to your home as described in the scenarios?
☐ Yes ☐ No ☐ Not sure

5. If yes, are there any particular services you would like to see delivered more locally that you may currently have to travel to hospital for?

6. Are we right to encourage people to have healthier lifestyles and be more involved in the management of their long term conditions as described in the scenarios.
☐ Yes ☐ No ☐ Not sure

7. Should individuals be expected to take more responsibility for their own health and care where they are able to?
☐ Yes ☐ No ☐ Not sure

8. If so, in what ways?

9. Please tick the five statements which are most important to you as we develop our alliance

- ☐ We should make the most effective use of existing health & social care resources and assets
- ☐ My care should be accessible, flexible, and based on my needs
- ☐ We should support people to remain independent in their own homes
- ☐ We should focus on preventing ill health and promoting self-care
- ☐ We should treat all of a person's needs, not just the illness – i.e. we should understand and address issues relating to housing, loneliness and other social aspects
- ☐ We should not medicalise a social issue
- ☐ We should always send the right professional to deal with an issue
- ☐ We should encourage personal responsibility for health and wellbeing
- ☐ We should avoid making a long term decision in a crisis
- ☐ We should encourage services and organisations to work better together
- ☐ We should tackle health inequalities (i.e. where some parts of the Norwich population have better health than others) and address differences in care
- ☐ We should ensure that patients receive the right care, in the right place, at the right time

10. Is there anything else you would like to tell us about both the work that we have done so far and our proposals for the Norwich New Model of Care?

Equalities questionnaire

Norwich CCG has a legal duty to make sure it involves patients from all backgrounds in surveys about services. We do this by asking for the information below. You do not have to answer any or all of the questions below (just answer the ones you are comfortable with), but it does help us show we are meeting our statutory duty.

Gender

Are you?

☐ Male ☐ Female ☐ Transgender

Do you have a disability or long term condition?

☐ Yes ☐ No

Age

Are you?

☐ 10-17 ☐ 18-24 ☐ 25-34 ☐ 35-44

☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75+

Ethnicity

Which of these groups do you consider you belong to?

White

☐ British
☐ Irish
☐ Any other White background

Mixed

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed background

Asian or Asian British

☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

Black or Black British

☐ Caribbean
☐ African
☐ Any other Black background

Chinese or other ethnic group

☐ Chinese
☐ Any other background

☐ Prefer not to say

Religion or belief

What religion, religious denomination or body do you belong to?

☐ None
☐ Church of England
☐ Roman Catholic
☐ Other Christian
☐ Muslim
☐ Buddhist
☐ Sikh
☐ Jewish
☐ Hindu
☐ Pagan
☐ Any other religion, please write in

.....

☐ Prefer not to say

Sexual orientation

Are you?

☐ Heterosexual
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Non Binary / Pan Sexual
☐ Prefer not to say

Consultation roadshows

Tuesday 7th August 2018
9.30am to 12midday
St Mary's Church Hall
Hutchinson Road
West Earlham
Norwich NR5 8LB

Saturday 8th September 2018
12.30pm – 4pm
Dussindale Community Centre
Pound Lane
Norwich
NR7 0SR

Thursday 16th August 2018
5pm – 8pm
Wensum Sports Centre
169 King Street
Norwich
NR2 1QW

Tuesday 11th September 2018
12 midday to 3pm
Taverham & Drayton Children's Centre
School Road
Norwich
NR8 6EP

Monday 20th August 2018
10am to 12midday
Mile Cross Phoenix Children's Centre
132a Mile Cross Road
Norwich
NR3 2LD

Date to be confirmed
Costessey Centre
Longwater Lane
Norwich
NR8 8AH

For more information or to confirm details please visit www.norwichccg.nhs.uk/

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communication for all

If you want to speak to someone or request the form in another format, please call Laura McCartney-Gray on 01603 751638
laura.mccartney-gray@nhs.net

Please return the form in the prepaid envelope supplied or alternatively to

Freepost RTJE-GXBZ-CSJR
NHS Norwich CCG
Room 202
City Hall
St Peters Street
Norwich
NR2 1NH