

**New model of care for Norwich – consultation by Norwich Clinical  
Commissioning Group**

**Suggested approach from Maureen Orr, Democratic Support and  
Scrutiny Team Manager**

To receive consultation from Norwich Clinical Commissioning Group on its vision for a new model of care delivered by integrated community primary care teams.

**1. Background**

- 1.1 In May 2018, via the Norfolk Health Overview and Scrutiny Committee (NHOSC) Briefing, Members received notification that Norwich CCG wished to consult the committee on a new model of care for Norwich delivered by integrated community primary care teams. The CCG set out its full engagement plan as follows:-

**Stage One** – Consultation and Roadshows to set the strategic ‘vision’ and what it will mean for our patient population.

**Stage Two** – The ‘doing’ stage – identifying the areas for change and ensuring there is a detailed plan for involvement, engagement and consultation, where needed, for each proposed change.

**Stage Three** – Conveying to the public all the changes and what’s next for health commissioning and primary/community care services.

NHOSC agreed to receive consultation at stage one of the CCG’s plan at today’s meeting.

**2. Stage one consultation**

- 2.1 The CCG embarked on stage one with the launch of a twelve-week public consultation on 23 July 2018. A link to the consultation document was emailed to Members of NHOSC on 24 July, with details of six roadshow events, three of which were to be held before the date of today’s meeting. Lead clinicians and commissioners have been present at the roadshows to answer questions and address concerns of people attending.
- 2.2 The consultation document, which is attached at **Appendix A**, has been available on Norwich CCG’s website since 23 July and has been promoted on GP surgery screens, in the local press, through

stakeholder email distribution and via social media outlets and partners. The CCG has targeted specific cohorts of patients such as those with long term health conditions through support groups which they attend. Healthwatch Norfolk and Norfolk County Council have also asked to promote the consultation on the CCG's behalf. An Easy Read version of the document is also available.

- 2.3 The stage one consultation will close on 12 October 2018. Norwich CCG's Governing Body will receive the feedback at its 27 November 2018 meeting and will decide on the way forward for stage two of the process.
- 2.4 The CCG is proposing to have an Alliance Agreement to work in closer partnership with a number of organisations including NHS providers, voluntary sector, independent and public sector organisations to delivery health and wellbeing services. To understand how the alliance could work, Members may find it useful to look at the NHS Standard contract Template Alliance Agreement for Virtual MCP / PACS models, which is available on the NHS England website:-  
<https://www.england.nhs.uk/wp-content/uploads/2017/08/3b.-170802-Alliance-Agreement.pdf>

MCPs (multispeciality community providers) and PACs (integrated primary and acute care systems) are two of the potential new models of care proposed by the NHS Five Year Forward View in October 2014  
<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>.

### **3.0 Purpose of today's meeting**

- 3.1 Today's meeting gives NHOSC an opportunity to respond to Norwich CCG's stage one consultation and comment on its vision for community primary care services.
- 3.2 The CCG has made clear that it will consult, where needed, for each change proposed in stage two of the process. This would include consultation with NHOSC on proposals for substantial changes to services as experienced by patients.
- 3.3 Representatives from Norwich CCG will attend today's meeting to present the stage one consultation, explain the case for change and answer Members' questions about the proposals.
- 3.4 The consultation document poses 10 specific questions. Members are free to respond individually to the CCG but may also wish to consider answering some of the specific questions as a committee:-
  - 1. Are there any services that you think could be part of proposals for an alliance?
  - 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?
4. Would you like to see more services delivered close to you home as described in the scenarios?
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?
7. Should individuals be expected to take more responsibility for their own health and care where they are able to?
8. If so, in what ways?
9. Please choose the five statements which are most important to you as we develop our alliance:-
  - a. We should make the most effective use of existing health & care social care resources and assets
  - b. My care should be accessible, flexible and based on my needs
  - c. We should support people to remain independent in their own homes
  - d. We should focus on preventing ill health and promoting self-care
  - e. 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
  - f. We should not medicalise a social issue
  - g. We should always send the right professional to deal with an issue
  - h. We should encourage personal responsibility for health and wellbeing
  - i. We should avoid making a long term decision in a crisis
  - j. We should encourage services and organisations to work better together
  - k. We should tackle health inequalities (i.e. where some parts of the Norwich population have better health than others) and address differences in care)
  - l. 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 we have done so far and the Norwich New Model of Care?

The CCG will also welcome any other comments the NHOSC wishes to make.

## **4.0 Suggested approach**

- 4.1 After the CCG representatives have presented the consultation Members may wish to discuss the following areas:-

**Forming the Alliance:-**

- (a) How will the CCG decide which organisations will be part of the Alliance, particularly in respect of voluntary sector and independent organisations?
- (b) Will the Alliance be a time limited arrangement and will there be a mechanism for organisations to leave and others to join?
- (c) To what extent will new service contracts need to be put in place to enable the Alliance to function?
- (d) Does the proposal to form an Alliance have the backing of all the NHS and other organisations that will be needed for the kind of service delivery shown in the consultation document?

**Quality of services:-**

- (e) Is it expected that additional staff will be recruited for the 3 or 4 neighbourhood teams or that they will be drawn from existing services (acute hospital, community NHS, mental health, social services etc.)?
- (f) Who will have overall responsibility for holding the partners in the Alliance to account for the quality of service jointly provided?
- (g) The CCG says that it sees the planned new model of care as a continuation of what has already been happening over the past five years. What differences from the current services would it expect patients to notice?
- (h) The new model of care aims to involve hospital specialists in provision of out of hospital care but there appears to be no mention of them in the scenarios outlined. To what extent are hospital specialists expected to be involved?
- (i) The consultation has been running for nearly 7 weeks. What kind of response has the CCG received from the public so far in terms of the numbers responding and the comments they have made.

**Location of services:-**

- (j) The consultation document mentions that the ultimate vision is to have staff from NHS services (including GPs, nurses, community health, mental health and hospital specialists) working together in 3 or 4 integrated neighbourhood teams. What is that likely to mean for the geographic location of services compared to the present situation, particularly in respect of GP primary care?

## Next steps

- (k) It is understood that the CCG Governing Body will receive the stage one consultation feedback at its meeting on 27 November 2018 and that the intention is for an Alliance Agreement to be in place in 2019. When does the CCG estimate that specific changes to services under stage two of the process will be proposed and consulted upon?

## 4.0 Action

### 4.1 NHOSC may wish to consider whether to:-

- (a) Respond to specific questions in the consultation document (listed at item 3.4 above)
- (b) Make other comments for the CCG to take into account during the stage one consultation process.
- (c) Ask for the CCG's assurance that NHOSC will receive early notification of changes to service which may be proposed during stage two of its progress towards a new model of care, so that Members can consider whether they are substantial changes on which NHOSC may wish to be consulted.



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