

Question received in advance of 12 March 2024 PCCC

1. In December 2023, the Norwich Living Well Partnership was recognised by the ICB with three separate awards for Social Prescribing within Norfolk & Waveney. In January 2024, the partnership was notified that their contract was to end in favour of another provider without consultation and without any quality/financial tendering or comparisons. This was also after confirmation of a contract extension for 1 year in November 2023. Why? What assessment was completed of patient needs and how were their views considered in the decision to appoint a new provider?
2. Financial resources for primary care are broadly consistent with last year's i.e. 23/24. B3.7 (b) of the PCN DES contract states that PCNs should work collaboratively with all local partners to contribute towards supporting the local VCSE organisations and community groups to become sustainable and that community assets are nurtured, through sharing intelligence regarding any gaps or problems identified in local provision with commissioners, local authorities and (where appropriate) VCSE infrastructure organisations. What intelligence was shared in regard of the Norwich Living Well Partnership and with whom in deciding to change the provider? As a result, what proportion of funding services in the VCFSE sector is therefore planned for 24/25 compared to 23/24?
3. Following the decision to end the Norwich Living Well Partnership contract, can the Committee provided assurance that the Norwich PCN's have met TUPE requirements for the social prescribing workforce to provide continuity of service to patients and to protect the skilled workforce which is part of the ICS's own criteria?

Answer

The Norwich Living Well Partnership is an arrangement purchased by Norwich Primary Care Network (PCN), in response to meeting their patients' needs for Social Prescribing, as part of the PCN Direct Enhanced Services (DES) contract.

You will already be aware that the N&W ICB commissions the PCN DES from PCN member practices and so we are able to answer your questions in our role as commissioner of the PCN DES.

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The ICB have not issued any awards for Social Prescribing as the PCN members are responsible for the provision and delivery of Social Prescribing in accordance with their patients' needs.

The contracting arrangements for the service are directly between the PCN (member practices) and the third-party organisation. The ICB would be notified of the proposals for sub-contracting to ensure that the nationally agreed terms and requirements continue to be met.

Where subcontracts are put in place by organisations that hold PCN DES contracts, these are expected to be awarded by the respective organisation having followed the appropriate procurement regulations. It is not the responsibility of the ICB to monitor this or ensure that other organisations have complied with the procurement rules.

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Funding for Social Prescribing remains as part of the Primary Care Network Contract DES and whilst we await further guidance relating to 2024/25, we are not suspecting any major changes to the Additional Roles Reimbursement fund, which forms part of the PCN DES.

You might recall that, in Norfolk & Waveney, Social Prescribing started many years ago, initially through pilots, with differing versions in each locality and various providers, and this remains the case today.

Norwich PCN have submitted proposals to change PCN delivery in Norwich and this will be considered at the meeting held on 12 March 2024. This will be considered in part 2 of the meeting due to commercial sensitivities.

We understand that PCN member practices have considered the services available and used their right to enter into arrangements they feel would best deliver the requirements of Social Prescribing (a copy of which is attached/available), for their patients.

3. *Following the decision to end the Norwich Living Well Partnership contract, can the Committee provided assurance that the Norwich PCN's have met TUPE requirements for the social prescribing workforce to provide continuity of service to patients and to protect the skilled workforce which is part of the ICS's own criteria?*

We note that Norwich PCN Leaders have confirmed that TUPE will apply, where appropriate.

In this case, our role is to seek assurance from the PCN(s) on how this element of the DES is going to continue to be delivered in line with the contract without negatively impacting on the quality of care.

In January, the ICB shared the following expectations with Norwich PCN, which are taken from the contract requirements. This outlines the areas that the Committee will seek assurances from Norwich PCN in any proposals:

- i. **PCN groupings and boundaries** – Details of which practices form each PCN and the boundaries they will cover as a PCN. PCN boundaries will be conterminous, there should be no gaps and no single practice PCNs.
- ii. How the proposed PCN groupings make sense for patients, and how they will meet the PCN DES criteria set out in the guidance and specification
- iii. The welfare of existing **PCN staff is prioritised in order to retain staff and secure continuity of service** delivery.
- iv. How proposed grouping will better support local people who are **living with long term conditions such as diabetes and heart disease or suffer with mental health issues** and may need to access their local health services more often.
- v. How proposed groupings will **enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.**
- vi. How the proposed PCNs will effectively support the **development of Integrated Neighbourhood teams**, as outlined in the Next Steps for Integrating Primary Care: Fuller Stocktake Report
- vii. How the proposed PCNs are large enough to have impact and **economies of scale through better collaboration** between GP practices and others in the local health and social care system. This should also include how the proposed PCNs support resilience for both the practices and the provision of the PCN DES requirements set out in the specification.
- viii. **Confirmation of the clinical directors** (who may be a GP, general practice nurse, clinical pharmacist or other clinical profession working in general practice).
- ix. How the proposed grouping **impacts on other practices in Norwich and existing PCN assets, and plans / services**, such as but not limited to: Enhanced Access, Capacity & Access Improvement Plans.
- x. The proposed PCNs are **supported by local partner organisations**, such as community, mental health, social care, pharmacy, hospital and voluntary services in being able to work with practices to strengthen PCN working and services for local people.

We think you will see from the expectations we have set out that PCN proposals and plans need to consider the impact on patients, how the wider determinants will be supported, and how engagement with the wider partnership has been undertaken.