

	Health and Wellbeing Board 12 May 2016
Title	Strategic Framework for Primary Care
Report of	Head of Primary Care, Barnet CCG Director of Operations and Delivery, Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Strategic Framework for Primary Care Appendix 2: Barnet CCG Presentation – Strategic Framework for Primary Care 2016-2020
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<h2>Summary</h2>
<p>Barnet Clinical Commissioning Group have produced a draft Strategic Framework for the delivery of Primary Care services. The CCG welcomes dialogue around this framework approach which will then be considered before a final version is approved by the CCG.</p> <p>This framework incorporates the North Central London vision for primary care, building on the local priorities already established from the Transforming Primary Care in London regional primary care strategy. These priorities developed from regional and local consultation have helped shape the primary care work programme for Barnet for the next three years, namely:</p> <p>Accessible care - Better access to primary care professionals, at a time and through a method that is convenient and with a professional of choice.</p> <p>Co-ordinated care - Greater continuity of care between NHS and other health services, named clinicians, and more time with patients who need it.</p> <p>Proactive Care - More health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the borough. Treating the causes, not just the symptoms.</p> <p>As an umbrella to these three strands Barnet CCG has signed up to the “Right Care” programme which ensures our focus remains on addressing those areas that provide the greatest opportunities for increased value across the system in Barnet; improving the quality of services to patients as well as reducing waste through improved medicines</p>

optimisation, self-care and quicker access.

In order to achieve the three aims above we will work through five workstreams of:

- New Delivery Models
- Patient and Professional Engagement
- Workforce
- Estates
- Information Management and Technology

This strategic plan will be underpinned by a delivery plan, in partnership with NCL, member practices and the public to ensure we achieve a sustainable transformation programme that provides better outcomes for the resident population. We will ensure our delivery plan uses underpinning data from public health to help narrow the gap between populations in terms of Quality Adjusted Life Years (QALYs) and life expectancy. Improving the quality of care provided will ensure better clinical outcomes for local residents, and we will work with regulators and commissioners such as the Care Quality Commission and NHS England in identifying areas for improvement and providing tailored support where required.

This plan will be a challenge as we face significant financial pressures across the system. With professional partners we aim to shift specific clinical activity out of acute care with a corresponding flow of resources. Expanding the workforce and improving access to existing workers will release experts to take a more proactive role in managing complex cases. We will also complete the GP contract review to equalise the financial allocation per patient with practices and commission specific local schemes that have a high impact on outcomes. There are some things that we cannot change quickly, and we will continue to work with national policy and within the constraints that the wider system has in place, but wherever possible we will be innovative, open to ideas and criticism on shaping a better local health economy and taking pride in our achievements.

Recommendations

- 1. That the Health and Wellbeing Board provide comments on the framework, especially in relation to engagement and supporting the primary care vision on the three themes of Accessible, Proactive and Coordinated Care**
- 2. That Barnet CCG develop their implementation plan considering any comments from the Board and feedback on progress to the Board in September 2016.**
- 3. That the Strategic Framework for Primary Care is duly noted, and once approved by the CCG, will be shared across members of the Health and Wellbeing Board for inclusion in other workstreams.**

1. WHY THIS REPORT IS NEEDED

- 1.1** The CCG previously indicated to the HWBB that they would produce a Barnet version of primary care strategy, including the vision shared across all five partners in North Central London. There is increased pressure on primary care, both to ensure people receive immediate health care, advice and treatment as well as longer term planning and management of chronic conditions. Doing more of the same will not keep pace with population expansion, the need to improve access and drive up quality.

The Framework helps the CCG engagement with public, patients and professional to ensure that we deliver a consistent and focused approach around the underpinning element of service design and delivery, namely estates, workforce and information technology.

The document describes some principles and vision, sets the framework within which we will commission and monitor and support service delivery and provides a vehicle for further engagement on service design.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The CCG recognises the importance of constructive dialogue with all partners. The HWBB is a crucial partner in commissioning services that affect our resident populations. The focus towards more preventative models of care delivery, increased self-care and utilising a wider multi-skilled workforce including the voluntary sector is a significant change. The CCG need to ensure we have described the right visionary approach, continue to engage and act on feedback in this new approach. We welcome feedback and continued commitment to work together on improving sustainable services.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 The current model of service delivery – namely many small practices - will quickly fail either in terms of financial sustainability or with clinical delivery pressures from residents. The Strategic framework puts the clinical delivery model in the driving seat and any operational models will flow out of commissioning the right services first.

4. POST DECISION IMPLEMENTATION

- 4.1 Feedback from the members of the HWBB will be considered by the CCG before a final version is approved by the CCG Clinical Cabinet and the CCG Board. That final version will be shared with the HWBB as soon as agreed.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Monitoring reports of service delivery will be available via the CCGs Performance Committee and progress on delivering the framework approaches reported back to HWBB in September 2016.

- 5.1.2 The Joint Health and Wellbeing Strategy 2015-2020 has been referenced in writing the framework and the two will continue to dovetail together in ensuring approaches are consistent.

- 5.1.3 The report uses JSNA data to ensure we understand population changes and respond with delivery approaches to provide equitable services for those in need. The plan aims to target those areas in most need in improving access, proactive care and coordinated care locally.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 This Framework does not ask the HWBB, nor partners for any additional funds. Primary care is currently commissioned in the main by NHS England. A small number of additional services developed through Locally Commissioned Services targeting specific areas of population issues are funded by the CCG.

5.2.2 By acting now, the CCG aim to target any new NHS monies towards primary care. Working with strategic acute partners we will examine where possible and safe to do so the movement of some activity from acute hospitals into community settings, with a corresponding resource allocation.

5.2.3 The NHS have announced a number of funding streams to enhance primary care provision and we will be bidding for those monies to deliver short term improvements that promotes the long term sustainability of services through innovative changes.

5.3 **Social Value**

5.3.1 The framework considers utilising patient self-care, families, carers and voluntary sector in a much more coordinated fashion, developing the skill sets and including social community integration of the services.

5.4 **Legal and Constitutional References**

5.4.1 The CCG 's duties to provide , commission and arrange primary care services are given under the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

5.4.2 The Health and Wellbeing Board can consider the draft strategic framework as included in its functions found at Annex A of the Constitution, and specifically under paragraph 4:

4) To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.

5.4.3 The terms of reference of the Health and Wellbeing Board is set out in the Council's Constitution Responsibility for Functions (Appendix A) and includes the following responsibilities:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to

health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.

- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for overseeing public health and developing further health and social care integration.

5.5 Risk Management

5.5.1 The CCG are undertaking a full Risk and Issues log in managing the delivery of this approach alongside a detailed implementation plan over the next 4 years.

5.6 Equalities and Diversity

5.6.1 The CCG will be completing its own Equality and Diversity assessment. In order to narrow the gap in Quality Adjusted Life Years and life expectancy we will need to target certain communities, notably in the west of the borough. This will, by its nature, result in some differences of service provision, but will yield an improvement of outcomes for those most affected.

5.7 Consultation and Engagement

5.7.1 The Framework describes the engagement that has taken place so far. The CCG welcomes further opportunity to share the framework and its development with key stakeholders, public and patients across the borough.

5.8 Insight

5.8.1 Data from the Public Health team has been used in this report.

6. BACKGROUND PAPERS

6.1 None.