

# **Report of the NHS Calderdale Clinical Commissioning Group to the meeting of the Adults, Health & Social Care Scrutiny Board to be held on the 14<sup>th</sup> November 2019**

## **Subject: Update on Primary Care Networks**

### **1.0 Purpose of the report**

1.1 The purpose of this report is to update the Adults, Health & Social Care Scrutiny Board on the development of Primary Care Networks (PCNs). This update will describe national and local context, progress to date and requirements for the next 12-18 months including potential opportunities and benefits for the population of Calderdale.

### **2.0 Introduction**

2.1 In 2018, the Calderdale Health and Wellbeing Board adopted an approach for the integration of health and care services in Calderdale called Calderdale Cares. Based on a national evidence base, Calderdale Cares initiated the creation of localities of 30,000 – 50,000 people, starting with two localities, and building up to five localities which spanned the entirety of the Calderdale geography. Calderdale Cares was subsequently adopted by system partners through their formal governance structures.

2.2 In 2019, Primary Care Networks (PCNs) were mandated nationally to enable the provision of proactive, accessible, coordinated and integrated primary and community care aiming to improve outcomes for patients. They are formed around natural communities based on GP registered lists, serving populations of around 30,000 to 50,000. Networks are small enough to still provide the personal care valued by both patients and GPs, but large enough to have impact through deeper collaboration between practices and others in the local health (community and primary care) and social care system. They will provide a platform for providers of care to be sustainable into the longer term.

There is a clear strategic alignment between the two initiatives, and this paper describes how the two are progressing in tandem in Calderdale.

### **2.0 National and Local Context**

#### **2.1 National Policy**

2.1.1 On the 7<sup>th</sup> January 2019 the NHS Long Term Plan was published setting out key ambitions for the NHS over the next 10 years. It sought to strengthen the NHS's contribution in areas such as prevention, population health and health inequalities. The Plan identified three system levels, with decisions made at the lowest appropriate level. These are:

- Localities , built around Primary Care Networks of 30,000-50,000;
- Places, integrating care between local hospitals, local authorities and other partners (Calderdale)
- Systems, which develop strategy based on the whole population's needs, allocate resources, and support collaboration across

organisations (West Yorkshire and Harrogate Health and Care Partnership).

General Practice will play a crucial role at all of these levels, with PCNs central to the delivery of integrated care and at the heart of all successful systems. In localities, networks will provide coordinated services. In places, primary care will interact with hospitals and Local Authorities, working together to meet the population's needs. PCNs as providers will increasingly participate in system decision making at a West Yorkshire and Harrogate level.

2.1.3 The NHS Forward View (2014) and the General Practice Forward View (2016) explicitly site improving care outside hospitals as one of the headline commitments. In order to achieve this, all the policy documents recognise that General Practice needs to be considered an important part of the solution and provides an opportunity for General Practice to be integrated into the design and delivery of new models of health and care through PCNs.

2.1.4 Prior to the GP contract changes, commitment had been made in Calderdale by GP practices and other key stakeholders to organise health and care around localities and communities. However, the changes in the GP contract have added pace and ensured borough wide commitment through formalising the establishment and development of PCNs from July 2019.

2.1.5 The GP contract re-enforces the importance of clinical leadership and collaboration. It requires GP practices to work together formally under a shared network agreement, supported by a shared income stream across practices forming a PCN. This contract reform represents a significant change to the way that General Practice is run and funded and goes further than any previous effort in giving clarity and direction on both form and function of General Practice at scale in England.

2.1.6 Networks create an opportunity for General Practice to play a leading planning role alongside acute and foundation trusts, CCGs and others across the system.

## **2.2 Local Context**

2.2.1 In Calderdale there are five PCNs which came into effect from 1<sup>st</sup> July 2019. These cover populations of 30,000-50,000 and mirror the Calderdale Cares localities.

- Upper Calder Valley
- Lower Valley
- Calder and Ryburn
- North Halifax
- Central Halifax

Each PCN has an Accountable Clinical Director, appointed by the members of their network and responsible for the delivery of the contract. Every General Practice within Calderdale is a member of a PCN.

2.2.2 Each PCN is a member of the Care Closer to Home Alliance, which seeks to integrate health and care offers across Calderdale and at a locality level, with the aim of delivering an identified set of outcomes. The outcomes are consistent with the ambitions set out in the Calderdale Wellbeing Strategy. A fuller description of the Care Closer to Home work is set provided in the paper which is also on the Scrutiny agenda.

### 3.0 Developments to date

3.1 It is recognised that the five PCNs are at different stages of development, particularly in their progress to work with the wider locality. Three of the five have established locality meetings (North, Central and Upper Calder Valley), with the other two (Calder & Ryburn and Lower Valley) planning to hold these before the end of 2019. There is a challenge for the Clinical Directors to balance the need to establish the mechanisms and governance to deliver the requirements of the contract, with the need to develop relationships with wider locality partners in preparation to deliver health and care in a different way. In recognition of this challenge NHS Calderdale Clinical Commissioning Group (Calderdale CCG) has agreed to provide support through the establishment of a relationship management function from within the CCG. Discussions are beginning with Local Authority and other partners to discuss the feasibility of offering something similar to PCNs. The Local Authority has already identified lead elected members to work into each locality.

3.2 To understand their level of maturity and identify their development needs, each PCN has completed a maturity matrix and development plan. These have been collated across the West Yorkshire and Harrogate Health and Care Partnership and have demonstrated that most PCNs are at a similar level of maturity with similar identified areas for development. There is a recognised development need by our local PCNs for support with collaborative working, population health management and social prescribing including asset based community development. The matrix also included a requirement for the system to understand its maturity to fully realise the opportunities that PCNs bring. An assessment of system level maturity has been made and development will be taken forward through the Wellbeing Delivery Group. This system support is vital for the Primary Care Networks in order for the benefits to the population to be realised.

3.3 There are three key areas within NHS planning documentation that primary care must respond to:

a) PCNs will be expected to take a proactive approach to managing population health and from 2020/21, will assess the needs of their local population to identify people who would benefit from targeted, proactive support. This will only be effective if they understand both the expressed needs of local people, and the types of informal service offers that exist in communities. In order to achieve this there must be a commitment of support from the wider system.

**Response to Date:** Calderdale CCG and partners from public health are working towards a support offer for PCNs to begin to use a population health management approach to improving the health and care of their populations.

This has been tested with one GP practice and is being shared with General Practice and partners from the Care Closer to Home Alliance in order to start and implement this at PCN level. Challenges are being worked through in relation to the design of an integrated data set and learning has been taken from national accelerator sites in developing the approach.

b) There is a strong emphasis on developing digital services so that within five years, all patients will have the right to access GP consultations via telephone or online.

**Response to date:** The development of digital services is being supported at a West Yorkshire and Harrogate level.

c) Alongside PCNs, the plan commits to developing 'fully integrated community-based health care'. This will involve developing multidisciplinary teams, including GPs, Pharmacists, District Nurses, and Allied Health professionals working across primary care and hospital sites.

**Response to date:** The development of multi-disciplinary working and integrated teams is underway through the Care Closer to Home Alliance. This remains in its infancy; however the work around population health management is an opportunity to change how services work together to meet the needs of specific groups of the population. In addition to this, all PCNs have embraced additional roles including social prescribing link workers and clinical pharmacists.

#### 4.0 Developments for the next 12-18 months

4.1 There are a number of contractual requirements from 2020/21 that PCNs need to work towards as their contribution to delivering an integrated health and care system. These include:

- the introduction of additional roles with focus next year on first contact practitioner (physiotherapist), and physician associate
- a continued commitment to provide extended access for patients, including the development of digital offers, which will see patients offered on-line consultations and access to their own records.

4.2 In order to encourage integrated working with other partners there are five national service specifications to be implemented in 2020/21. Full details are expected and the areas are:

- **Medication review and optimisation** – this aims to ensure people are on the right amount and type of medication and will utilise the new clinical pharmacy role
- **Enhancing health and care homes** – the intention is to build on the existing health support into care homes through consistent GP input. In Calderdale there is opportunity to review and strengthen the existing Quest for Care Home model.
- **Anticipatory Care Requirements** – this seeks to improve end of life care planning to ensure that the person receives integrated and co-ordinated

care. In Calderdale work is underway to improve end of life care and it is anticipated that this will greatly assist in delivering this service specification.

- **Personalised Care** – At the heart of this specification is a move to enable and encourage people to take control and responsibility for their health and any intervention. It is a shift from the medical model and will take time to embed both for the population and medical practitioners.
- **Supporting Early Cancer Diagnosis** – The aim of this specification is to ensure that PCNs and partners work together to increase early diagnosis and screening rates. It is likely this will be based on using data to target sections of the population who are at risk, and enable health and care partners to work together differently to improve diagnosis rates. A population health management approach will assist with this.

4.3 Alongside the contractual requirements, each PCN will continue their development along the maturity matrix, and system support at a Calderdale and West Yorkshire and Harrogate level will be vital for success.

## **5.0 Conclusion**

5.1 The paper has provided the Adults, Health & Social Care Scrutiny Board with an update on the development of Primary Care Networks in Calderdale. The paper provided:

- Details of national policy and context in which Primary Care Networks exist
- Progress to date in Calderdale
- Future developments for the next 12-18 months

**Debbie Robinson**

**Head of Primary Care Quality and Improvement**

**Calderdale Clinical Commissioning Group**