Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	**Draft primary care transformation strategy**
Board Lead:	Alan Steward, Chief Operating Officer, Havering CCG
Report Author and contact details:	Sarah See, Director, Primary Care Transformation Tel: 020 8926 5411; E-mail: Sarah.See@onel.nhs.uk

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☐ Priority 1: Early help for vulnerable people
- ☐ Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☐ Priority 4: Tackling obesity
- ☒ Priority 5: Better integrated care for the ‘frail elderly’ population
- ☒ Priority 6: Better integrated care for vulnerable children
- ☒ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

The CCG is developing a strategy for the transformation of primary care over the next five years. The work is framed by national and London policy and the BHR system commissioning challenges and takes account of substantial input gathered from local GPs and wider local stakeholders.

The vision emerging is of primary care leading the provision of joined-up health and social care in localities, with sustainable and productive practices at its foundation. This builds on the King’s Funds concept of place-based care and wider evidence from places where this approach has been implement.
In developing this strategy, we have engaged extensively with stakeholders with a role in the Havering health and care economy: patient representatives, patient groups, general practitioners, practice managers, pharmacists, nurses, community and mental health

services provided by NELFT, acute services provided by Barking & Dagenham, Havering and Redbridge University Hospitals Trust (BHRUT), the Partnership of East London Co-operatives (PELC), the Local Medical Council, the Local Authority, NHS commissioners and Care City. We have also consulted with primary care and workforce leads at the NHS England London level. Extensive discussions have taken place with and between local clinical leaders about how this model will facilitate the development of local schemes which will deliver better care for local people and what the implications and opportunities will be for individual GP practices, their autonomy and sustainability.

The transformation programme for 2016/7 will be primarily about provider development – strengthening individual practices, developing collaborative working amongst GP practices in localities and developing extended locality teams, bringing together GPs with all local health and social care professionals to provide the majority of care for patients. The plan is to draw on the CCG's strategies for planned, mental health and urgent and emergency care and identify specific local schemes, which can be used to inform development of collaborative governance and working arrangements in localities and as a proving ground n localities, ensuring they are wholly grounded in the business of local providers and the care needs of local people.

We are now aiming to complete the strategy in time for formal review by the governing body in May 2016.

Development of the strategy has been informed by:

- *Five Year Forward View*
- *Better Health for London*
- *Strategic Commissioning Framework for Primary care in London*
- *Place-based systems of care: a way forward for the NHS in England*

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

i) Review the contents of the draft Primary Care Transformation Strategy and comment on potential gaps in the strategy or improvements that could be made to it.

REPORT DETAIL

1.0 Introduction and Background

1.1 The CCG is developing a strategy for the transformation of primary care in Havering over the next five years. The work is framed by national and London policy and the BHR system commissioning challenges and takes account of substantial input gathered from local GPs and wider local stakeholders.

1.2 The Health & Wellbeing Board are requested to comment on the draft strategy attached to allow changes to be incorporated prior to the CCG Governing Body undertaking a formal review of the completed strategy now scheduled for May 2016.

1.3 Further information on the proposals is provided in the attached primary care strategy communications slide pack, which is current as of **01/04/2016**.

2.0 Emerging Vision

2.1 The strategy proposes step-by-step migration to a place-based primary care-led delivery model for care out of hospital in new Havering localities of 50-70,000 population. The model has at its foundation stronger GP practices and involves effective collaborative working across groups of practices and an extended team of community, social care, pharmacy, dental and ophthalmology professionals and the voluntary sector.

2.2 Primary care, strengthened and extended, will have the collective capacity and funding to take on the majority of patient care, as well as prevention services.

2.3 Evidence advanced by the King's Fund, drawing on examples from New Zealand, Chenn Med and elsewhere, is that place-based care works best with a population of 50-70,000 people, and clinical leaders in the borough are assessing the suitability of reorganising existing commissioning clusters as the starting point for deciding on the geographic footprints for localities.

2.4 Practice productivity and collaborative provision and administration will be enhanced through better exploitation of available information, IT and digital solutions.

2.5 A BHR-wide approach to the development of the primary care workforce will create the right staff mix for locality-based working, and localities will be empowered to co-design and deliver locally appropriate solutions for the recruitment and retention of staff.

3.0 Benefits for Patients and Implications for Practices

3.1 The benefits envisaged for patients from the primary care strategy are:

- personalised, responsive, timely and accessible primary care, provided in a way that is both patient-centred and coordinated
- an integrated service that supports and improves their health and wellbeing, enhances their ability to self-care, increases health literacy, and keeps them healthy
- more treatment closer to home where previously provided in secondary care
- involvement in the co-design of services with professionals in their locality.

3.2 The key implications for practices of the strategy are envisaged to be:

- Retention of practice autonomy, with GPs playing leading roles in locality-based care
- Improved financial sustainability through the pooling of resources to reduce costs and the creation of new opportunities to generate income
- Better practice productivity through improved teamworking and better use of IT, reducing administration and freeing up GP time for patient care
- The potential to develop more attractive career offers to recruit and retain primary care workers.

4.0 Implementation Approach

4.1 The King's Fund's framework for implementing place-based models of care will be used as the starting point from the implementation of primary care-led locality-based care in Havering

4.2 It is proposed to work with a single locality within the borough as a pilot to design collaborative governance and working arrangements while working on selected prevention, planned care, mental health and/or urgent and emergency care schemes. This will enable initial lessons from locality-based working to be properly understood and the learning to be reflected in the designs and planning for the other localities.

4.3 A parallel programme of work will be put in place to help practices improve their productivity, make better use of information and IT systems and better understand their financial sustainability.

4.4 There is a 12-18 month target timescale for all localities to be operational and effective.

5.0 Resources/investment

5.1 Resources will be needed to help primary care leaders in localities establish organisational and governance arrangements for collaborative working and operate these effectively and to assist with specific initiatives to strengthen practice productivity and enable wider use of information, IT and digital solutions. Resource will also be needed to run the transformation programme at the BHR level. A review of CCG organisational arrangements may identify some individuals with the right skills and experience from programme roles

5.2 An investment strategy for primary care is currently under development. This will enumerate the funding required for the transformation programme.

6.0 Equalities

6.1 No equalities impact assessment has been explicitly undertaken in relation to these proposals.

6.2 By delivering common standards of prevention, planned care, mental health and urgency and emergency care across the BHR system and organising delivery in localities, the CCG's overall approach aims to both reduce health inequalities and optimise services to meet the needs of local populations in Havering.

7.0 Risk

7.1 An iterative process of risk analysis will be part of the design and implementation phases of the new model of care. Current risks and assumptions identified include:

7.2 **Risks**

- Insufficient grass roots buy-in from GPs and other primary care professionals
- Insufficient capacity within General Practice to participate
- Dependencies on other projects – IT, workforce
- The pace of change demanded vs the time necessary to develop localities sustainably
- Compatibility of the strategy with main providers' strategies
- Insufficient investment in the resources to enable the programme to succeed

7.3 **Assumptions**

- Improving team working in localities will release significant quality and productivity benefits
- GP Practices are receptive to opportunities to improve their practices
- This strategy will have top-level support regardless of whether the Accountable Care Organisation proceeds
- Interoperable IT agenda sufficiently advanced to enable localities to provide continuity of care to patients

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BACKGROUND PAPERS

Draft Primary Care Transformation Strategy – current at 11/04/2016

Primary Care Strategy Communications Slides – current at 11/04/2016