

# **REPORT FOR: HEALTH AND WELLBEING BOARD**

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**Date of Meeting:** 12 January 2017

**Subject:** **INFORMATION REPORT – Primary Care Transformation**

**Responsible Officer:** Javina Sehgal – Chief Operating Officer CCG report.

**Exempt:** No

**Wards affected:** All.

**Enclosures:** Exploring Delegated Commissioning

## **Section 1 – Summary**

The aim of this report is to inform the HWBB of the various strategies that have been adopted within the CCG in relation to the transformation of Primary Care under the aegis of the nationally mandated SCF – Strategic Commissioning Framework.

The report provides an overview of implementation on each strategy thus far and aims to demonstrate how they can be integrated in a way that can support a move towards a more sustainable model for general practice, support the unscheduled care agenda, and strengthen the whole systems integrated care model currently in place.

**FOR INFORMATION**

## Section 2 – Report

In June 2016 Harrow CCG Governing Body approved a proposed Models of Care Strategy for Harrow. The strategy has been developed to establish a sustainable primary care service that provides high quality care at the right time and the right place integrating services provision that delivers better coordinated for the patients of Harrow.

Harrow CCG has been working collaboratively with NWL CCG's and NHS England to develop robust plans for implementation and is committed to developing primary care services under the Strategic Commissioning Framework (SCF) guidance.

The SCF main premise is to establish;

- Accessible care
- Coordinated care
- Proactive care

In order to do this general practice needs to be commissioned at scale and at pace and GP Federations and Network provision is the key to its implementation and delivery.

The 3 key domains to deliver the strategy are outlined below.

Domain	What it means	How
Accessible	Better access to routine and urgent care from primary care professionals, at a time that is convenient and with a professional of choice	Primary care services outside of working hours Systems for e-access (video, phone, emails etc) Improved experience of appointment choice and availability
Coordinated	Greater Continuity of Care between NHS and Social Services, named clinicians and more time with patients	Support to manage own health Increased involvement in care planning Ownership and control over their own medical records Better information sharing between providers.
Proactive	More healthy prevention by working in partnership to reduce premature mortality and morbidity, and future burden of disease. Treating the causes and not just the symptoms	Support in self-management setting and achieving goals Quick and convenient access to preventative services Opportunities for involvement in co-designing health initiatives trusted source for health promotion advice and information

## **1) Access**

The access model has been developed to compliment the Integrated Urgent Care programme. The programme is reliant on additional capacity in general practice so that other healthcare professionals have access to pre-bookable appointments.

By April 2017 Harrow CCG will have commissioned primary care services that are open 8am to 8pm, 7 days a week.

This model has been developed under strict criteria laid out by NHS England and the work is well on its way to delivery.

## **2) Co-ordinated**

Whole Systems Integrated Care is aimed at patients over 65 at risk of hospital admission, with complex needs and in need of a comprehensive care plan. This is coordinated through virtual wards and multi-disciplinary team working. A business plan to develop the federation, the service, and to deliver through an Accountable Care Organisation (ACO) was approved at the Governing Body in April 2016. Work is well under way to have that plan implemented.

Over the past couple of months the CCG and its stakeholders have been reviewing the current service lines to look at how the service can be commissioned more effectively going forward.

In order to attempt to simplify the complexity that is Whole Systems Integrated care, the programme has been divided into 3 component parts.

- 1) Care planning in general practice
- 2) Care Coordination service
- 3) Virtual Wards

**Care Planning in general practice:** Following risk stratification, the GP develops a geriatric assessment care plan and an anticipatory care plan with the patient to help them to self-manage their health and wellbeing. Patients that are complex but can be managed in a community setting are seen by the Enhanced Practice Nurses. Patients that are complex but potentially at crisis are referred to the Virtual Ward.

**Care Coordination:** This service provides the link between the GP's and the Virtual Ward. The coordination 'team' consists of a GP with special interest in Older Adults (GPwSI) who triages the referrals to the Virtual Ward, non-clinical Care Navigators who identify the eligible cohort that require care planning by the GP, through EMIS Qadmission enquiry. The case managers review the care plans involving the Multi-Disciplinary team from the Virtual Wards and facilitates discharge back to the referring GP when appropriate.

**Virtual Wards:** There are 3 Virtual Wards who meet fortnightly. The team is made up of representation from the community and acute providers and consists of 3 consultants; Psychiatrist, Palliative Care and Geriatric. In addition the Local Authority is present with representation from Adult Social Care and GP's from the local borough.

In 2016/17, the service specification and outcome measures for care planning in general practice and the Care Coordination service were approved by the Procurement Panel. The latter has been commissioned directly with the GP Federation and the former directly with the GP practices.

It is now proposed that the Virtual Ward is reviewed to better understand its functions, the interdependencies between the Care Coordination Service and general practice.

A series of workshops are being scheduled. The aims of the workshops are;

- to work with key stakeholders across health, mental health, social care and the voluntary sector to refine the Whole Systems Integrated Care model
- to review the outcomes, process and interventions
- to enable a service specification to be developed that can be used to contractually commission an Accountable Care Organisation (ACO) to deliver the full service.

### **3) Proactive**

Harrow CCG in collaboration with Right Care are developing strategies across whole pathways of care ranging from prevention to self-care.

These include **Cancer, Diabetes, Atrial Fibrillation, Dementia** and other preventive services within primary care.

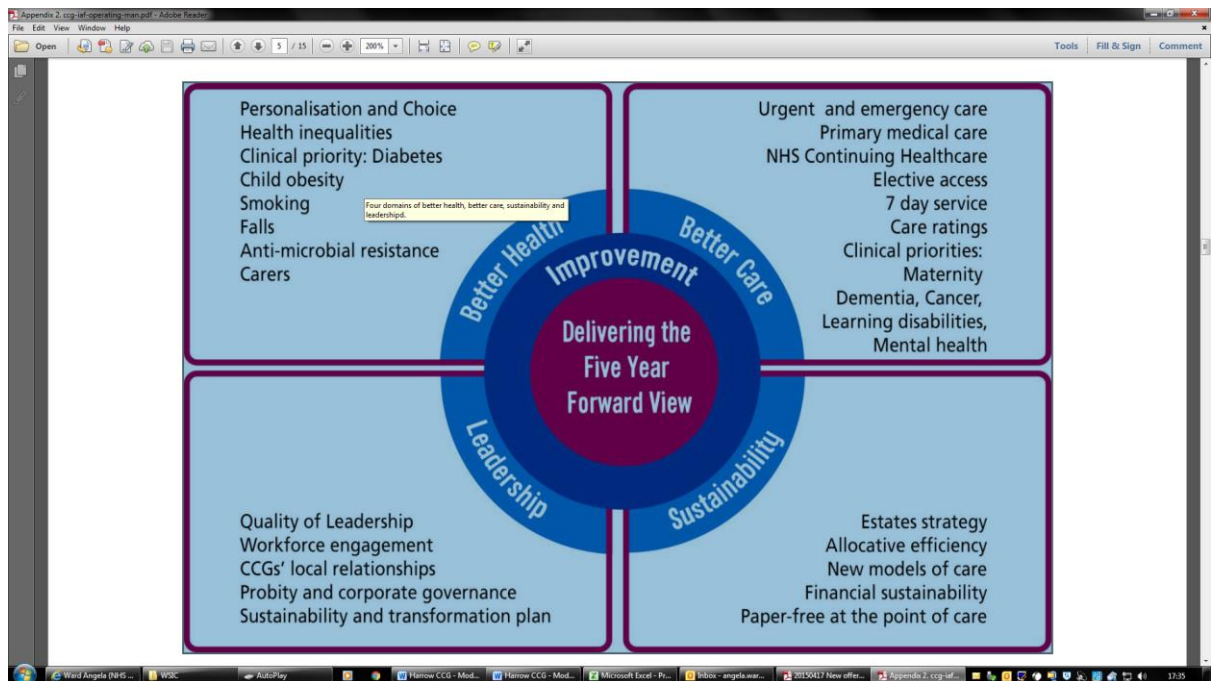
Various stakeholder workshops have been held across the disease areas along with clinical workshops with GP's to ascertain primary and secondary prevention interventions that may be suitable for primary care service provision.

Further workshops will be held over the coming months to continue to develop robust clinical models.

In addition a new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard.

The assurance framework for the CCG is shown below and the CCG will be measured across these domains.

Across the 8 CCG's there is an agreement that collectively the areas in bold and outlined above will be priority.



## Section 3 – Further Information

### Level 3 Commissioning

Harrow CCG is working in collaboration with NWL CCG's and NHS England to get a joint consensus on the delegation of Level 3 Commissioning.

A delegation board has been established across the 8 CCG's to develop the strategic plans for transition. The board is also responsible for providing sense checks at every level, including outlining what delegated responsibilities can be carried out at NWL collaborative level and what will become more local.

A virtual primary care team has also been established across the 8 CCG's with regular meetings to talk through the 'how to effectively implement the transition to delegation, along with LMC contributions.

The expected date for delegation is April 2017.

## Section 4 – Financial Implications

The implementation of the strategy outlined above is dependent on funding allocations from NHS England directly to the CCG.

Procurement routes will be dependent on the service being provided and will go across the spectrum of care. Although the ACO has been debated, there is no indication as of yet who will take on the lead provider role within the stakeholder groups.

## **Section 5 - Equalities implications**

Was an Equality Impact Assessment carried out? Yes

No adverse impacts have been identified.

## **Section 6 – Council Priorities**

The Council's vision:

### **Working Together to Make a Difference for Harrow**

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

## **STATUTORY OFFICER CLEARANCE**

**Not required**

<b>Ward Councillors notified:</b>	<b>NO</b>
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## **Section 7 - Contact Details and Background Papers**

**Contact:** Angela Ward, Programme Director for Strategic Commissioning Framework /Models of Care, 07951341373

**Background Papers:** List **only non-exempt** documents relied on to a material extent in preparing the report. (eg previous reports) Where possible also include electronic link.