

Westminster Health and Wellbeing Board

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Title: Developing Westminster's Primary Care Strategy

Report of: Jules Martin, Managing Director, NHS Central London Clinical Commissioning Group

Cabinet Member Portfolio: Adult Social Services and Public Health

Wards Involved: All

Policy Context: Building Homes and Celebrating Neighbourhoods.

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1. Executive Summary

- 1.1 This report provides an introduction to the attached draft primary care strategy, which has been developed by the NHS Central London Clinical Commissioning Group (CLCCG) through discussion with primary care, Central London Healthcare and partners, including the local authority. Because the primary care strategy has been developed by and with primary care in Westminster, it is locally owned and supported by them and discussions are already taking place between practices about how best to bring networks of care (known as Primary Care Homes (PCHs)) into existence by working in more innovative ways.
- 1.2 The Health and Wellbeing Board is asked to consider the draft strategy and support the direction of travel set out within it – including the move to deliver accountable care by the timescales set out in the Five Year Forward View for health and care systems nationally (i.e. by 2020). The next steps include developing the detailed commissioning plan and business case which will support the delivery of the strategy, and this is planned to be completed by the early autumn. Board organisations will be invited to be a part of this process, with a particular focus on joining up health and care commissioners, and

working across the CCG and City Council. The Board's support for this work and this approach is sought.

2. Key Matters for the Committee's Consideration

2.1 The Board is asked to:

- a. Consider the draft primary care strategy, which is currently the subject of consultation with all partners, and support the overall direction of travel.
- b. Support the development of an integrated commissioning plan across health and care, through joint working between CLCCG and the City Council, and which aims to achieve accountable care in Westminster by 2020.

3. The primary care strategy in context

- 3.1 The draft primary care strategy is not just about primary care. It is about developing stronger networks of support across health, care and wellbeing, focussed on people, and improving our capacity and capability in the community to support people closer to their own homes.
- 3.2 Primary care is central to achieving these aims of more integrated care in the community for a number of reasons. Firstly, as the keepers of the registered list, primary care already holds clinical accountability for population level health outcomes and it is on this that the primary care strategy seeks to build. Secondly, there is strong evidence to support the preventative role that primary care plays, including in the tackling of health inequalities. But the primary care strategy also seeks to recognise that local people access the majority of health and care services either through or in consultation with their local GP practice and it is around these existing networks of access that the new system of health and care for Westminster must now be built.
- 3.3 Primary care in Central London continues to improve. It is improving through seven-day access, a range of "out-of-hospital" services provided in GP practices, and new approaches to commissioning primary care through delegated commissioning arrangements and some anticipated changes to primary care contracts (including those affecting PMS contracts).
- 3.4 Improved primary care underpins each of the Sustainability and Transformation Plan's delivery areas – radically upgrading prevention and wellbeing, eliminating unwarranted variation and improving management of long-term conditions, achieving better outcomes and experiences for older people, improving outcomes for children and adults with mental health needs, and providing safe, high-quality, and sustainable acute services. Primary care is also central to delivering on the local Health and Wellbeing Strategy.
- 3.3 Primary care's wider role in improving people's experiences of care sees it leading co-ordination of services and organising care in a way that suits those who receive it, including continuity, more options for physical access, or the greater use of digital technology.

- 3.4 Patients have high expectations of all care and primary care is no exception. These expectations have been reflected in several documents driving the commissioning and improvement of primary care in Westminster. These include the CCG's plans, the North West London Local Services Strategy, the North West London Sustainability and Transformation Plan, the London-wide Strategic Commissioning Framework for primary care, the GP Forward View and the Five Year Forward View. The CCG's own engagement supports the set of expectations and other messages which are reflected in these commissioning documents. Delivering on these expectations will improve care and experiences within and beyond primary care. At the same time, the CCG will support the improvement and consolidation of primary care. This is so that primary care can act as an effective "anchor" for the transformation of the rest of the health and care system.
- 3.5 The beginning of the evolution of primary care and the rest of the care system will be through Primary Care Homes. This is where a range of health and social care professionals work together to provide enhanced personalised and preventative care for their local community. Staff come together as a complete care community – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients' homes. In Westminster, this model will serve as an extension of the existing village and locality structure: increasing the scale at which practices collaborate with each other and other out-of-hospital care services, based on an aggregated registered list.
- 3.6 The CCG will support CLH and groups of practices to work with each other and their stakeholders to collaborate and innovate at scale, based on the Primary Care Home approach designed by the National Association of Primary Care.
- 3.7 Our ambition is for the maximum coverage of positive change. At the same time, the CCG embraces the principle of groups of practices having the freedom to design their own forms of collaboration and service initiatives. The CCG's role at this point is to enable, as well as implementing commissioning-led change. In the short term, this is likely to mean a mixed economy of initiatives and collaborations, as well as varied rates of progress as groups of practices experiment and expand their initiatives in different ways. However, the urgency of the task before the local system means that the period of free experimentation needs to be time-limited, and quickly followed up with using health and care commissioning levers, in terms of both incentivisation and assurance, to expedite the integration upon which both primary care and broader system-wide transformation depends.
- 3.8 As local providers lead the development of the local Primary Care Homes, the CCG will undertake the work required to provide the financial and contractual basis to the MCP and broader accountable care.

4. CONSULTATION

- 4.1 The CCG has appropriate engagement mechanisms in place to ensure clinical and patient views are heard and taken on board. As such, patients are involved across the commissioning cycle to provide an independent and critical voice.
- 4.2 The CCG also has an effective approach to member engagement with regular forums and meetings with practices and a regular Board to Board with Central London Healthcare.
- 4.3 Each transformation programme or strategy is coproduced with clinicians and with patients. In particular, the CLCH Transformation Programme team has discussed plans and transformation progress at the User Panel with Service User Representatives and held Patient Workshops to discuss plans. There were also Patient Representatives invited to the Transformation Workshops, where the models for service changes were discussed and designed. The team followed up with relevant stakeholders where required to ensure their involvement in plans. This includes engagement with affected providers and GPs who may have not been able to attend relevant workshops and service re-design steering groups. The CCG will continue to work in collaboration with practice staff and patients as these service changes are implemented.
- 4.4 The CCG remains open to developing and improving its communication and engagement and is due to meet with Healthwatch to learn more from their experience of what works in the local community.

5. EQUALITY IMPLICATIONS

- 5.1. Any changes to policy will be measured against an Equalities Impact Assessment. The draft strategy is aimed at improving quality of care for all patients. Eliminating unwarranted variation, improving management of long-term conditions, achieving better outcomes and experiences for older people, improving outcomes for children and adults with mental health needs will be of particular benefit to members of our public who suffer from health inequalities.

6. LEGAL IMPLICATIONS

- 6.1. There are no legal implications arising directly from this report

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Report Author:

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APPENDICES:

- Letter to partners inviting comments on the draft strategy

- Central London CCG's draft Primary Care Strategy