Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Friday 19 November 2021**
Time **9.30 am**
Venue **Council Chamber, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 1 October 2021 (Pages 3 - 12)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Integrated Care System Update - Presentation by Dr Neil O'Brien, Accountable Officer/Chief Clinical Officer, NHS County Durham CCG (Pages 13 - 34)
7. NHS Dentistry Services - Report and presentation by Pauline Fletcher, Senior Primary Care Manager (Dental Commissioning Lead - North East and North Cumbria), NHS England and NHS Improvement (Pages 35 - 46)
8. Adults Wellbeing and Health Overview and Scrutiny Committee Review of GP Services in County Durham - Report on progress against Review Recommendations - Joint Report of the Corporate Director of Resources, Durham County Council and the Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington and presentation by Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington (Pages 47 - 80)

9. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
11 November 2021

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor P Jopling (Chair)
Councillor R Charlton-Lainé (Vice-Chair)

Councillors V Andrews, C Bell, R Crute, K Earley, O Gunn, D Haney, P Heaviside, J Higgins, L A Holmes, L Hovvels, J Howey, C Kay, C Lines, C Martin, S Quinn, K Robson, A Savory, M Simmons and T Stubbs

Co-opted Members: Dr G Ciesielska and Mrs R Hassoon

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Kirsty Charlton Tel: 03000 269705

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Friday 1 October 2021 at 9.30 am**

Present

Councillor P Jopling (Chair)

Members of the Committee
Councillors V Andrews, O Gunn, P Heaviside, J Higgins, L A Holmes, L Hovvels, J Howey, C Martin, J Purvis, S Quinn, I Roberts, K Robson, M Simmons, T Stubbs and C Varty

Co-opted Members
Dr G Ciesielska and Mrs R Hassoon

1 Apologies for Absence

Apologies for absence were received from Councillors Charlton-Laine, C Bell, Crute, Earley, Haney, Kay and Savory.

2 Substitute Members

Councillor Purvis for Councillor Charlton-Laine, Councillor I Roberts for Councillor Earley and Councillor Varty for Councillor Crute

3 Minutes

The minutes of the meeting held on 28 July 2021 were confirmed as a correct record and signed by the Chair

4 Declarations of Interest

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

There were no items from Co-Opted Members or Interested Parties.

6 Shotley Bridge Hospital Update

The Committee received a presentation from Rachel Rooney, Head of Commissioning, NHS County Durham CCG that provided an update on Shotley Bridge Community Hospital Services (for copy of presentation, see file of minutes).

The detailed presentation highlighted the following:-

- New Hospitals Programme
- Principles of the Project
- Conditions of the current estate
- Aims of the clinical model
- Process of defining the clinical model
- Clinical Model
- Involvement via Engagement and Consultation
- CCG Duties
- OSC Duties
- Scope of ongoing engagement
- Proposal summary
- Project risks

In conclusion the Committee was advised that proposed location of future estate was approximately 1.8 miles from current site and that the proposed clinical model determined no significant variation in service provision, and in some cases this was an enhanced offer.

The next steps were outlined as:-

- Finalise Outline Business Case – Oct/Nov 21
- Development of full business case & approvals – Summer 2022
- Ongoing public engagement
- Construction start Summer 2022
- Construction completion

Finally, the Head of Commissioning asked the Committee a number of questions:-

- Based on the proposals set out in the presentation did OSC felt this warranted substantial service change?
- If OSC felt consultation was necessary, what would we actually be consulting on?
- Recognition of engagement to date and ongoing programme of involvement?
- Support for progressing the project at pace without the need for consultation?

Before opening up to questions from the Committee, the Chair invited Councillor A Shield to comment on the presentation. Councillor Shield thanked the Chair for the opportunity to address the Committee as a former Member of the cross-party Shotley Bridge Reference Group, chaired by Councillor L Hovvels. The Group first met in October 2017. There had been regular meetings by the Reference Group

on a monthly basis and updates had been provided for Overview and Scrutiny and the Derwent Valley AAP and ongoing public engagement. There had been debate on some issues, such as bed provision would be 8, 16 or 24, what service would be provided and the provision of mental health services. The initial Capital Funding was £14.7m, supplemented b Government backed finance to an indicative cost of £30m. This was a modest budget and Councillor Shield urged all Committee Members to support the proposal. There was no need for any further consultation as there was no substantial change, providing there would be ongoing engagement with staff, public and stakeholders. The proposed location was accessible with a new bus depot to be located nearby which would allow the facility to serve all people in north west Durham, not solely on the Consett area.

Councillor Watson informed the Committee that he too had been a member of the cross-party Reference Group since it was established in 2017 and thanked Councillor Hovvels for her work in chairing the Group. Councillor Watson considered that there was a need to let the CCG get on with their plans for the hospital. The CCG had engaged with the public many times and to now delay the process any further may put the project in jeopardy. Further consultation rather than engagement could cost the project dearly.

Councillor Hovvels informed the Committee that the Reference Group had been established because of the strong voice of local people and problems encountered of visiting the current Community Hospital and its current condition. The consultation and engagement which had taken place had come at a difficult time because of the Covid pandemic. There was a risk that if the project did not move forward the £30m funding could be lost and no new hospital would be provided. Councillor Hovvels considered this risk to be too great and there was a need for the project to move on.

In response to a question from Dr Ciesielska on the co-creation process the Head of Commissioning, NHS County Durham CCG informed the Committee of how the CCG had run this process.

Councillor Martin informed the Committee that Councillor Haney had been unable to attend the meeting but had asked him to ask questions on the proposal. The preferred site was a Project Genesis site and clarity was sought on whether there were any agreements in place on Project Genesis land around who carried out developments and whether the NHS would have the freedom to use their own developers. Councillor Martin referred to the consultation which took place in March 2021 and asked whether it was possible to see in more detail what was said. Thirdly, Councillor Martin asked at what stage details of the clinical offer at Shotley Bridge would be firmed up.

The Head of Commissioning, NHS County Durham CCG replied that within the NHS there was a strict and robust process which used a framework to commission a contractor from a list of contractors the NHS was able to use. The outline

Business Case needed to demonstrate the benefits which would be achieved, how these would be measured and how value for money would be demonstrated. The full Business Case, which would need to be done for next year, contained huge amounts of detail around this process. This was an open and transparent process, subject to commercial sensitivities.

The NHS had provided two reports around engagement which had been brought to the Committee previously in 2019 and 2020 and these reports could be recirculated to Committee Members.

Referring to the clinical model, the Head of Commissioning, NHS County Durham CCG invited Noel Scanlon, Executive Director of Nursing, County Durham and Darlington NHS Foundation Trust to comment. The Executive Director of Nursing informed the Committee that large parts of the current Shotley Bridge Hospital were decrepit and unserviceable. The clinical model going forwarded had to meet the needs of the public and be sustainable clinically to the highest standards of modern healthcare. Consequently, hundreds of staff had been involved in dozens of meetings to clarify what the clinical model should be, not just in terms of delivering the best quality service to the community but also to attract, retain and develop the best people to come to Shotley Bridge. The Foundation had been very circumspect about not committing to delivering services which were not sustainable or might not be clinically safe going forward. The facility to be provided would be commensurate with current need and anticipate the potential for some expansion.

Councillor Martin asked, while he appreciated commercial sensitivities, whether dialogue could take place with local Members on a confidential basis so that they could get reassurances on behalf of their residents. The Head of Commissioning, NHS County Durham CCG replied that as mush as possible would be shared with local Members.

R Hassoon considered that a robust consultation head taken place.

Councillor K Robson agreed there was a need for urgency to move this project forward and asked whether the identified site had space available for future expansion should this be needed. The Head of Commissioning, NHS County Durham CCG replied that a robust shortlisting process for potential land sites had taken place and one of the criteria was the potential for future expansion. The identified site scored highly on this.

Councillor S Quinn thanked the Head of Commissioning, NHS County Durham CCG for their presentation, but expressed concern that in the future services may be reduced as they had been at Bishop Auckland Hospital. The Head of Commissioning, NHS County Durham CCG reiterated the point made by the Executive Director of Nursing, County Durham and Darlington NHS Foundation Trust that future demand was being predicted to maximise the facility.

Councillor Stubbs agreed with the urgency for the project and asked whether consideration had been given to future plans for the current Shotley Bridge Hospital site once the new facility was operational. The Head of Commissioning, NHS County Durham CCG replied that the current site would be disposed of with the potential for some of the proceeds being brought into the local health system.

Councillor O Gunn commended the involvement of everybody in this project and asked whether, for the sake of transparency with the public, what exactly was the CCG going to say to the public. The Head of Commissioning, NHS County Durham CCG replied that the message to the public would be that the CCG wanted to proceed with the project, a clinical model had been worked up which could be delivered, and the preferred site was the Genesis Site.

Councillor V Andrews considered it was critical for this project to move forwards as quickly as possible.

Councillor J Howey expressed concern that if the project did not proceed the identified funding could be lost.

S Gwillym, Principal Overview and Scrutiny Officer, informed the Committee that Councillor Earley had made representations. Councillor Earley was under the impression that the Committee had, at its last meeting, backed the engagement route rather than a full consultation, which he had reservations about at the time. However, Councillor Earley was pleased for this to go forward given the increasing problems in the economy which may yet produce further delays.

The Chair thanked the Committee for their comments and debate on the issue and sought approval of the Committee to support the progression of the project without formal public consultation, with regular updates being brough to the Committee

Resolved:

(i) That progression of the project without formal public consultation be approved,

(ii) That regular updates be brought to the Committee

7 Winter Planning

The Committee received a report from the Director of Integrated Community Services, County Durham Care Partnership that provided an update on the joint work underway between partners to prepare for Winter 2021/22 (for copy see file of Minutes).

Sue Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust and Chair of the Local Accident and Emergency Delivery Board reported on the plans being put in place across the health and social care system for both surge and cold weather activity/admissions. She referenced a 13% increase in

activity between 2019 and 2021 with hospitals working to manage beds often at the highest levels of operation (OPEL4). She reported that North East ambulance service had also experienced the highest ever summer demand for ambulance services.

Ms Jacques also referenced the increase in sickness amongst staff due to both COVID-19 and also workplace stress which was also having an impact on the system's ability to cope with current demand. She went on to provide updates in respect of the following system service areas:-

- social care
- primary care
- community services
- acute hospital care
- mental health services provided by TEWV NHS FT
- North East ambulance service NHS FT
- public health
- Durham County councils highways and technical services
- Vaccinations programmes.

Members of the Committee raised the issue of patients experiencing difficulties in obtaining face to face GP appointments which was leading to increased pressure on hospital services and on the ambulance service.

The Principal Overview and Scrutiny Officer referenced the review the Committee undertook which was reported to the previous Cabinet on access to GP services. An update was due on progress against the recommendations of that review at the next meeting and as part of that update reference to the issues on face to face GP appointments could be made.

In referring to the impact of long COVID on the demand for health and social care services and the general health and wellbeing of the population it was suggested that a report be brought back to the committee once the detail of this had been assessed.

Members also discussed the demands being placed on the 999 and 111 telephone services and the increase in aborted calls to these. Concern was expressed about the capacity available within these services to meet current demand with reference being made to and anticipated publication by government of their NH S winter plan and associated allocations to NHS trusts. Ms Jacques confirmed that the second half yearly allocations had been secured but that these were currently being assessed against system pressures.

Whilst highlighting the high levels of demand currently being placed on the health and social care system, Ms Jacques indicated that the Trust was working hard to increase the availability of elective surgery as this had also been severely impacted

by the COVID-19 pandemic. To this end it was important that elective surgery was not impacted by any increased demands on emergency surgery during the winter months. In conclusion, Ms Jacques sort to reassure Members that the system in her mind was well placed to address any increase in demand arising from COVID-19 or any other communicable diseases.

Resolved:
That the report be noted and further updates be provided to the Committee during the Winter period 2021/22.

8 Tees Esk and Wear Valleys NHS Foundation Trust Update

The Committee received a presentation from the Director of Operations - Durham and Darlington - Tees Esk and Wear Valleys NHS Foundation Trust (for copy see file of Minutes).

The presentation highlighted:-

- An update on service provision
- Business Plan or 2021/22
- Demand for services
- CQC Inspection
- Impact of Covid-19
- Staff Health and Wellbeing

The Director of Operations clarified for members that the statistics related to out of area placements referred to patients who were being cared for within the TEWV NHS FT organisational footprint but not necessarily within their residential locality. She referenced the significant pressures being placed upon the organisation in respect of the availability of inpatient beds for Adult mental health services and Mental health services for older people with the former being higher.

In discussing the outcome of the CQC inspection of TEWV NHS FT, members were advised that whilst a re-inspection had taken place in May 2021 of the acute wards for adults of working age and psychiatric intensive care units, Lanchester Road hospital had not been inspected. The Director of Operations then reported upon the inspection improvement plan that had been developed to address those issues identified by the CQC.

Members were informed that the 53 Trust inpatients had tested positive for COVID-19 since the start of the pandemic. In response to a question regarding the process is for the vaccination of an inpatient and ensuring that they had provided informed consent, the Director of Operations emphasised that there were no forced vaccinations of any service users and that where necessary and appropriate family consent for vaccinations was always sought.

Resolved:
That the presentation be noted.

9 Local Outbreak Management Plan Update

The Committee received the report of the Director of Public Health that provided an update on the Government Roadmap: COVID-19 Response - Summer 2021, County Durham's COVID-19 response and the Local Outbreak Management Plan (for copy see file of minutes).

The Director of Public Health reported that since the full easing of COVID-19 restrictions on 19 July a gradual upward increase in cases had been experienced and as of 14 September 2021 the County Durham seven-day rate was 429.7 per 100,000 population. This higher level of community transmission of infection aligned with rates across the North East and everybody was being encouraged to act carefully and remain cautious.

The report set out a number of issues following the route map out of lockdown including changes to the self-isolation guidance, the effectiveness of the vaccination programme, ongoing COVID-19 testing arrangements and the updated operational guidance for the vaccination of people working in care homes published in September by the Department of Health and Social Care.

In responding to Member questions, the Director of Public Health reported on work being coordinated with Durham University regarding the return of students to the City, ongoing activity in engaging with schools to promote vaccinations amongst school children and work in respect of return to the workplace.

Resolved:
That the report and the robust governance and outbreak control arrangements in place to identify, control and contain COVID-19 cases, clusters and outbreaks be noted and agreed.

10 Quarter 1 2021/22 Performance Management Report

The Committee received the report of the Interim Corporate Director of Resources which detailed progress towards achieving the key outcomes of the council's corporate performance framework (for copy see file of minutes).

Councillor Gunn asked question on behalf of Councillor R Charlton-Lainé about the breast-feeding action plan. Councillor Charlton-Lainé asked about developments to support mothers with breast-feeding outside of hospital hours. Angela Harrington, Strategy Team Leader replied that she was happy to take this away and provide some feedback outside of the meeting.

Councillor Hovvels referred to the Safe Street Play Programme which had been rolled out in South Moor and asked whether there were plans to roll this out elsewhere and what the evaluation had been of this. The Strategy Team Leader replied that through the Community Action Teams groups of various resources and agencies had come together to work in a particular geographical area and it was understood this would be rolled out in the future. Evaluation of such schemes was normally a cross-partnership effort and again further feedback could be provided to Councillor Hovvels outside of the meeting.

Resolved:
That the report be noted.

11 2020/21 Q4 and 2021/22 Q1 Adults and Health Services Budget Outturn

The Committee considered the report and presentation of the Interim Corporate Director of Resources, presented by the Finance Manager for Adult and Health Services, which provided details of the 2020/21 revenue and capital budget outturn position, highlighting major variances in comparison with the budget for the year and, details of the initial forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2021 (for copy of report and presentation, see file of minutes).

Resolved:
That the report be noted.

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County Durham Care Partnership

NHS County Durham Clinical Commissioning Group

Implementation Plan for the ICS and feedback on engagement with LAs on next steps for ICS development
19 November 2021

Dr Neil O'Brien, Accountable Officer/Chief Clinical Officer

THE INTERFACE WITH PLACE: FROM CCG TO ICB

ENGAGEMENT WITH LOCAL AUTHORITIES ON ICS DEVELOPMENT

- Appointment of our ICS Chair via a NHS-Local Government panel
- ICS Chair 121 meetings with council leaders and executives
- Ongoing engagement with local and regional scrutiny meetings
- ICP engagement meetings in July and August to gather views on ICS development
- Joint Management Executive Meetings throughout October-November to develop proposals on ICS governance and operating model
- Local government stakeholder sessions for the appointment of the ICS chief executive
- Engagement on ICB Constitution

CURRENT CCG STATUTORY DUTIES AND POWERS

- Needs assessment
- Commission population level and personalised health services
- Provide information on safety of health services
- Improve quality of services
- Achieve financial balance
- Public involvement and consultation on service changes
- Reduce health inequalities
- Promote patient involvement and choice
- Support innovation and research
- Promote service integration
- Partnership working in specialist areas (e.g. safeguarding, special educational needs, public health)

CCG GOVERNANCE IN NORTH EAST AND NORTH CUMBRIA: **EXISTING STRUCTURES**

8 Governing Bodies

8 Executive Teams

8 Management Teams

8 Councils of Practices

8 Primary Care Committees

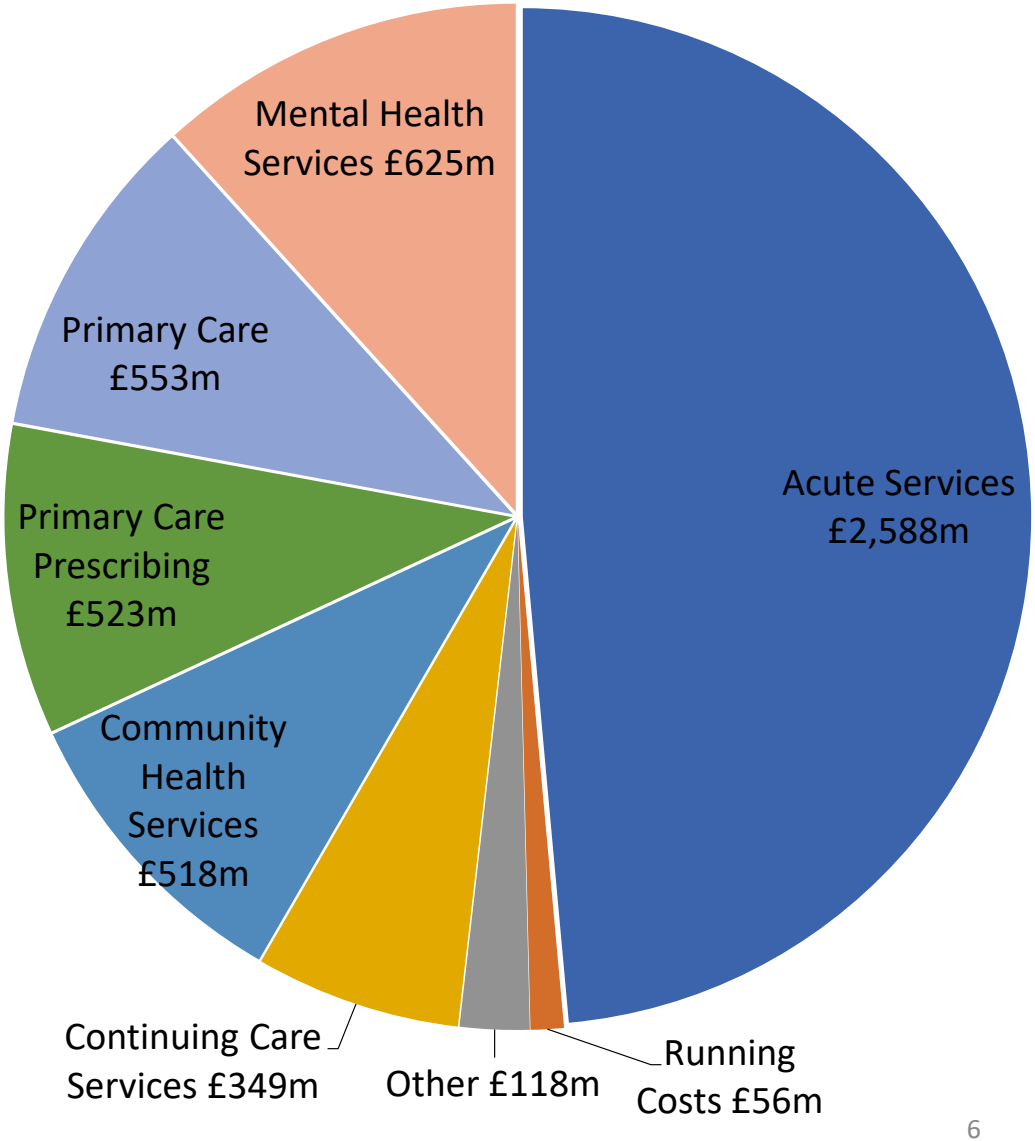
8 Remuneration Committees

8 Audit Committees

8 Quality Committees

8 Finance & Performance Committees

CURRENT CCG COMMISSIONING SPEND IN OUR ICS AREA



Financial values based on 19/20 pre Covid expenditure levels and are based on CCG Core and Delegated Primary Care spend

POTENTIAL DISTRIBUTION OF ICS FUNCTIONS TO EACH LEVEL: **SYSTEM**

- Setting strategy
- Managing overall resources, performance and financial risk
- Planning and commissioning specialised and acute services across larger footprints
- Improvement programmes for quality and patient safety (including safeguarding)
- Workforce planning
- Horizon scanning and futures
- Harnessing innovation
- Building research strategy and fostering a research ecosystem
- Driving digital and advanced analytics as enablers
- Health emergency planning and resilience
- Improving population health and reducing health inequalities
- Strategic communications

POTENTIAL DISTRIBUTION OF ICS FUNCTIONS TO EACH LEVEL: **PLACE**

- Fostering service development and delivery with a focus on neighbourhoods and communities
- Commissioning local integrated community-based services for children and adults (including care homes and domiciliary care).
- Primary care commissioning – building the capacity of local Primary Care Networks and supporting their clinical leadership role.
- Local Clinical Leadership including clinical pathway redesign and helping shape the commissioning of acute services
- Monitoring the quality of local health and care services – including support to care homes, e.g. infection prevention and control.
- Forging strong working relationships with the wider local system including HealthWatch, the VCSE sector, and other local public services.
- Building strong relationships with communities

POTENTIAL DISTRIBUTION OF ICS FUNCTIONS TO EACH LEVEL: **PLACE** (CONTINUED)

Joint work between NHS and Local Authorities

- Participation in Health & Wellbeing Boards to develop JSNAs and Joint Health & Wellbeing Strategies
- Joint initiatives to promote health, prevent disease and reduce inequalities
- Joint commissioning and leadership of local services:
  - Continuing Health Care
  - Personal Health Budgets
  - Community mental health, LD and autism
  - Children & young people (transitions/SEND/LAC)
- Service integration initiatives and jointly funded work through, e.g. the BCF and Section 75.
- Fulfilling the NHS's statutory health advisory role in adults and children's safeguarding.
- The provision of updates to local Scrutiny Committees and Lead Members on local health and care services.

PLACE GOVERNANCE IN NORTH EAST AND NORTH CUMBRIA: **EXAMPLES OF EXISTING STRUCTURES**

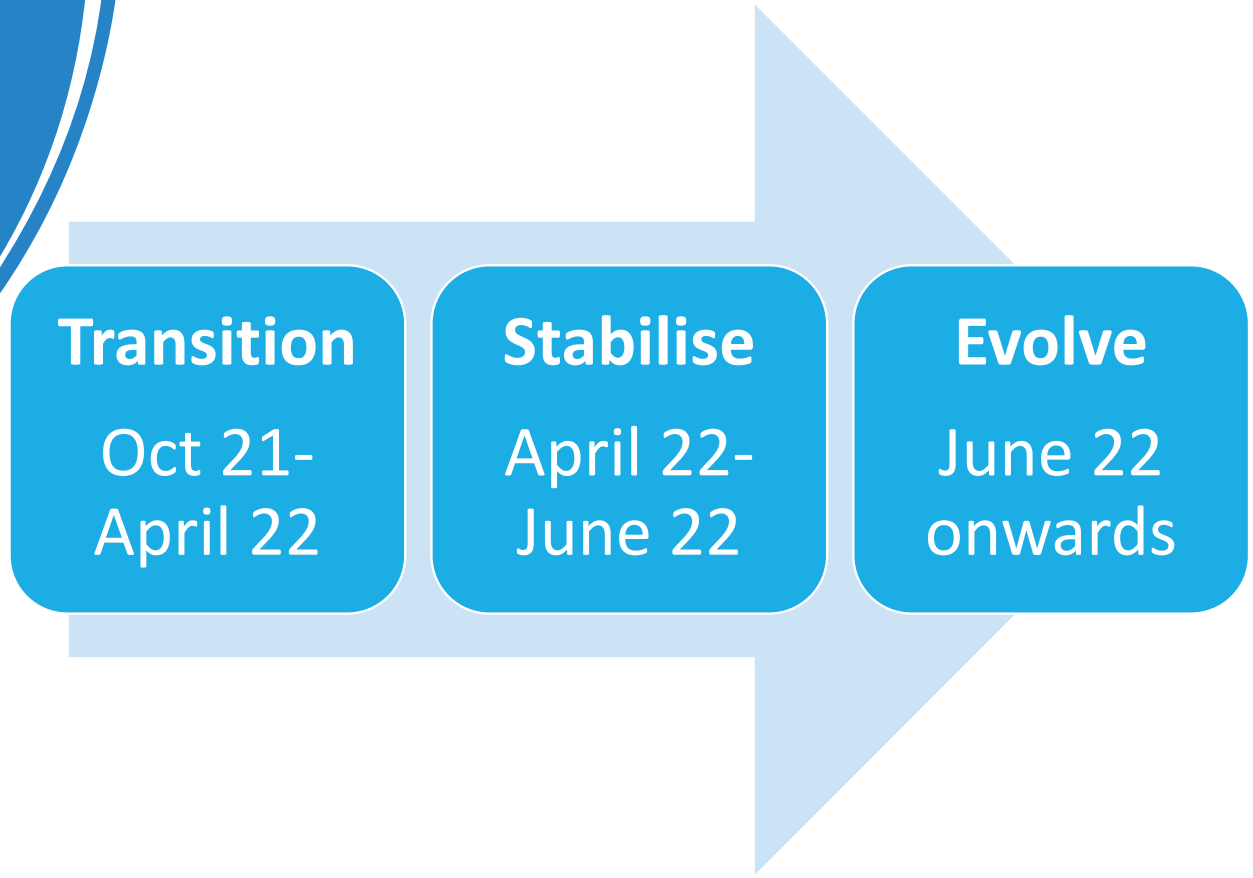
CCG	Local Authority	Partnership Forum
Cumbria	Cumbria County Council	North Cumbria ICP Leaders Board
		North Cumbria ICP Executive
		(Whole of) Cumbria Joint Commissioning Board
		(Whole of) Cumbria Health and Wellbeing Board
Newcastle Gateshead	Newcastle City Council	Collaborative Newcastle Executive Group
		City Futures Board (formerly Health & Wellbeing)
	Gateshead Council	Gateshead Care (System Board and Delivery Group)
		Gateshead Health and Wellbeing Board
Northumberland	Northumberland County Council	Northumberland System Transformation Board
		BCF Partnership
		Northumberland Health and Wellbeing Board
North Tyneside	North Tyneside Council	North Tyneside Future Care Executive
		North Tyneside Future Care Programme Board
		North Tyneside Health and Wellbeing Board
Sunderland	Sunderland City Council	All Together Better Executive Group
		Sunderland Health and Wellbeing Board
South Tyneside	South Tyneside Council	S Tyneside Alliance Commissioning Board & Exec
		South Tyneside Health and Wellbeing Board
Durham	Durham County Council	County Durham Care Partnership
		County Durham Health and Wellbeing Board
Tees Valley	Middlesbrough Council	South Tees Health and Wellbeing Board
	Redcar & Cleveland Council	Adults Joint Commissioning Board
	Hartlepool Council	Hartlepool BCF Pooled Budget Partnership Board
		Hartlepool Health and Wellbeing Board
	Stockton-on-Tees Council	Stockton BCF Pooled Budget Partnership Board
		Stockton-on-Tees Health and Wellbeing Board
	Darlington Council	Darlington Pooled Budget Partnership Board
		Darlington Health and Wellbeing Board

GOVERNANCE OPTIONS FOR PLACE BASED PARTNERSHIPS

- **Consultative forum,** *informing* decisions by the ICB, local authorities and other partners
- **Committee of the ICB** with delegated authority to take decisions about the use of ICB resources
- **Joint committee of the ICB** and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee
- **Individual directors of the ICB** having delegated authority, which they may choose to exercise through a committee
- **Lead provider** managing resources and delivery at place-level under a contract with the ICB

Source: LGA/NHS England 'Thriving Places' guidance, 2021

GOVERNANCE OPTIONS FOR PLACE BASED PARTNERSHIPS: **IMPLEMENTATION AND DEVELOPMENT TIMELINE**



ICS GOVERNANCE

ICB governance arrangements – core elements

ICPs *statutory*	• **Each ICS area will have an Integrated Care Partnership** at system level • **Established by the ICB and relevant local authorities** as equal partners. • We expect the ICP to have a specific **responsibility to develop an integrated care strategy** for its whole population (covering all ages) using the best available evidence and data – including patient experience, covering both children's and adult's social care, health inequalities and the wider determinants which drive these inequalities.
ICBs *statutory*	• **42 ICBs will replace existing CCGs from April 2022**. Each ICB will be **governed by unitary board**, with flexibility to establish board roles. • **Minimum board membership is 10 roles**: an ICB Chair, 2 x independent executive members, 4 x ICB executive roles, 3 x partner members • Unitary board will be **required to establish an audit committee and remuneration committee** • **Flexibilities to establish and deploy other committees of the board**, with the power to a) appoint non-ICB staff to be committee members b) delegate functions to be exercised by or jointly with other organisations
Place based partnerships	• **ICBs will be able to arrange for functions to be exercised** and decisions to be made, by or with place-based partnerships, **through a range of different arrangements**. • The **ICB will remain accountable for NHS resources deployed at place-level**.
Provider collaboratives	• May be at sub system, system or supra-system level • **Must agree specific objectives with one or more ICB**, to contribute to the delivery of that system's strategic priorities.

INTEGRATED CARE BOARD: **MEMBERSHIP**

Independent Chair plus a minimum of two other independent non-executive directors. (These individuals will normally not hold positions or offices in other health and care organisations within the ICS footprint.)

At least one member drawn from **NHS trusts and foundation trusts** who provide services within the ICS's area

At least one member drawn from **general practice** within the area of the ICS NHS body

At least one member drawn from the **local authority**, or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICS NHS body.

Chief Executive, Director of Finance, Director of Nursing, Medical Director mandatory plus others as required.

Non-voting membership

Participants: invitees who may address the meeting at the discretion of the Chair

Observers: invitees who may not address the meeting

GUIDANCE: Set out in *Interim guidance on the functions and governance of the integrated care board, August, 2021.*

INTEGRATED CARE BOARD: **GOVERNANCE FEATURES**

The ICB is a Unitary Board

- Where each member has shared corporate accountability for delivering all of its functions and duties.

Responsible for achieving:

- The four wider purposes of the Integrated Care System
  - **improving outcomes** in population health and healthcare;
  - **tackling inequalities** in outcomes, experience and access;
  - **enhancing productivity** and value for money;
  - supporting broader **social and economic development.**
- Good stewardship of NHS processes of planning, development, delivery, and the proper use of resources

ESTABLISHING AN INTEGRATED CARE PARTNERSHIP

ESTABLISHING **THE INTEGRATED CARE PARTNERSHIP**

ETHOS: The Integrated Care Partnership will have a key role to play in setting the tone and culture of the system. Operating a collective model of accountability, including to local residents.

REQUIREMENTS: System partners to determine how the ICP will operate, agree the leadership arrangements and functions it will carry out over and above its statutory responsibilities. The ICP is tasked with developing an integrated care strategy for the area.

GUIDANCE: Set out in *Integrated Care Partnership (ICP) engagement document: Integrated Care Systems (ICS) implementation, September 2021*

INTEGRATED CARE PARTNERSHIP: **MEMBERSHIP**

The ICP will need to mutually agree terms of reference, membership, ways of operating and administration.

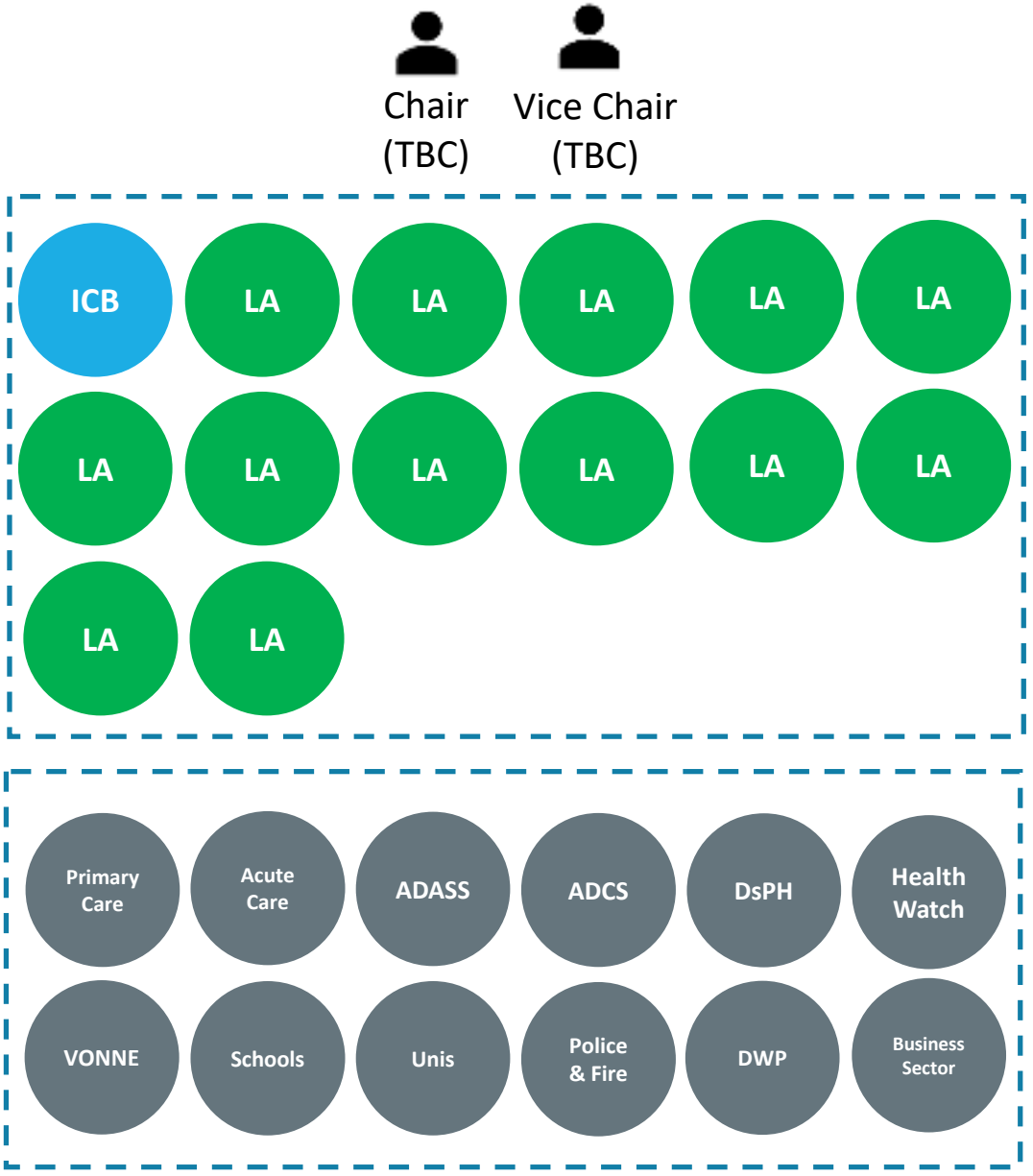
Chair is jointly selected by NHS and local authority; can be same chair as ICB – approach to be determined locally.

Members must include all local authorities and the local NHS (represented at least by the ICB).

Representatives should draw on a wide range of partners working to improve health and care in their communities, including the views of patients and the social care sector.

GUIDANCE: Set out in *Integrated Care Partnership (ICP) engagement document: Integrated Care Systems (ICS) implementation, September 2021*

THE INTEGRATED CARE PARTNERSHIP: **COMPOSITION**



PROPOSING ARRANGEMENTS TO ESTABLISH INTEGRATED CARE PARTNERSHIP BOARD

ACTION REQUIRED

- Appoint an ICP chair designate
- Agree ICP terms of reference, membership, ways of operating and administration.
- Develop a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, eg by working through a VCSE alliance.
- Agree a plan for developing the ICP Integrated Care Strategy building upon existing plans across the system.

ICB CONSTITUTION DEVELOPMENT

NEXT STEPS AND ENGAGEMENT TIMELINE

Engagement requirements for Draft Constitution:

- Board size and composition - to complete by 17 November.
- All other aspects of the constitution, including the nomination processes for partner members by 30 November.

Draft Constitution will be circulated for comments to key stakeholders prior to approval by NHS England:

- CCG Governing Bodies
- Foundation Trust Boards
- Local Authorities
- HealthWatch
- VONNE

Update on NHS General Dental Access

County Durham

Durham Health Scrutiny Committee
Meeting of 19 November 2021

NHS England and NHS Improvement

Background/context

- Primary care dental services operate in accordance with the National Dental Regulations and must evidence compliance with General Dental Services Regulations and Dental Charge Regulations.

- A key point of note is that the regulations unlike those for General Medical Practice do not allow for Patient Registration. NHS Dentistry contracts and provision is activity and demand led with the expectation that practices deliver and manage their available commissioned activity to best meet the immediate needs of any patient presenting by entering into an agreed and formal signed course of treatment.

- The contract regulations set out the contract currency which is measured in units of dental activity (UDAs) that are attributable to a ‘banded’ course of treatment prescribed under the regulations.

- Not all types of Dental Treatment are available on the NHS e.g. Implants

- NHS England do not commission private dental services, private dental practice is regulated by the Care Quality Commission and dentist regulation is undertaken by the General Dental Council

Background/context continued

- National NHS Dentistry Regulation and Contracts do not prohibit the provision of Private Dentistry by Dental Practices

- National NHS Dentistry Regulation does require, where dental practices hold NHS Contracts and offer both NHS/Private dental care, that patients are offered a full and transparent choice of available NHS/Private options to allow patients to make an informed choice of care.

- Health Education England set national strategy regarding numbers and distribution of dentist and dental workforce student numbers and training places and manage and deliver local dentist and dental workforce student training including EU / Overseas dental workforce entry working with Educational Providers e.g. UCLAN, Newcastle University.

General Dental Access provision

- There are 55 dental practices across County Durham contracted to provide general dental access – 821,008 unit of dental activity (UDAs) commissioned.

- In 2019-20 (pre-Covid) approximately 91% of the total commissioned capacity in Durham has been utilised. However, we acknowledge the impact that the COVID-19 pandemic has had on access for patients and would like to provide reassurance that we are working with practices to explore all options available to increase access for patients.

- Since the onset of the COVID-19 pandemic there has been one NHS contract handed back within the Durham area. The practice closed on 31 August 2020 when the provider retired.

NHS Dentistry Pressures & Challenges

Dental Workforce – Recruitment & Retention

A significant risk to both sustaining existing or improving levels of NHS Dentistry access and Oral Health is dental workforce recruitment and retention (dentists and more recently dental nurses).

This is a national problem but is creating significant pressures in an increasing number of local North Cumbria and North East localities including Durham.

COVID-19 Pandemic

The COVID Pandemic has created a range of risks and pressures for NHS dentistry that are not too dissimilar to those being faced by the wider NHS.

National Dental COVID Constraints

- NHS dental sector in particular has faced significant challenges during the pandemic due to the proximity between a dental professional and a patient's airways and the relatively high proportion of aerosol generating procedures (AGPs) undertaken that increase the likelihood of COVID-19 infection spread.

- To ensure the safety of patients and staff all NHS dental practices are required to comply with a national standard operating procedure and infection prevention control measures, the impact of which has and continues to result in NHS dentistry operating at significantly lower levels of capacity during 2020 and 2021-22 than would normally be available.

- In view of this reduced capacity and in line with the national standard operating procedures, dentists are required to prioritise patients based on clinical need and urgency into their available treatment capacity, ie
    - Patients seeking urgent or emergency dental care.
    - Patients with greatest oral health needs - attending to incomplete care plans and reaching out to high needs dental patients and vulnerable groups most at risk of avoidable dental disease including children.

- This likely means a delay for patients seeking non-clinically urgent and more routine dental care such as check up's.

- Progression to resume the full range of routine dental being risk-managed by individual practices and this position is likely to continue until at least the end of March 2022.

Safely Restoring Access

- The contractual arrangements for NHS dentistry through the pandemic have reflected the need to prioritise patient safety, patient access and practice sustainability.
- During the first wave of the pandemic in the interest of patient and dental staff safety, routine dental services were paused and urgent dental care centres (UDCs) were established to provide access to urgent care.
- In the second phase of the response, as infection rates dropped, all practices re-opened for face to face care and have steadily increased activity.
- Practices were required to meet a set of limited conditions in return for income protection, including a requirement to deliver at least 20% of normal activity volumes for the period July to December 2020, increasing to 45% by the end of March 2021.
- From April 2021 the minimum expectation was at least 60% of normal activity volumes by the end of September 2021, increasing to 65% for the period October to end of December 2021.
- Whilst restoration of NHS dental activity continues, a return to full capacity will be dependent on the further easing of COVID-19 infection prevention control measures.
- In the interim work is on-going to explore opportunities to increase the clinical treatment capacity available within the constraints that the practices have to continue to operate.

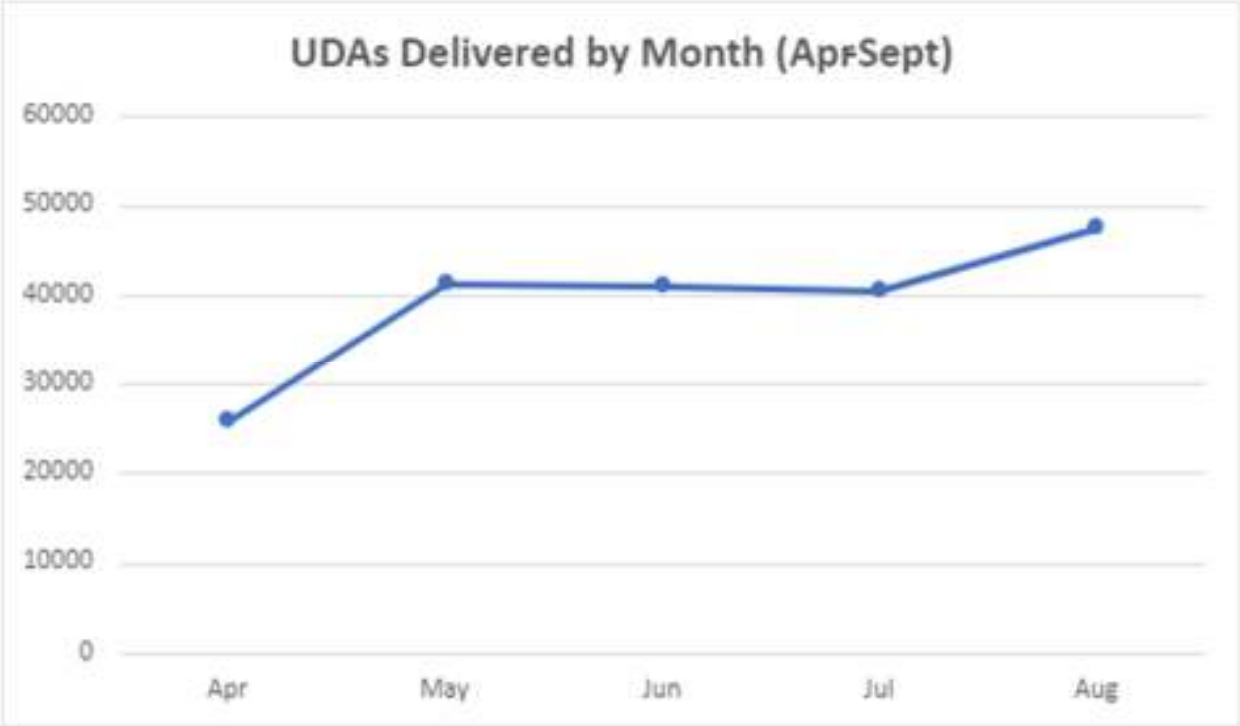
Local measures/actions to date

- Incentives for ALL NHS dental practices to prioritise patients who have not been seen in the practice within the previous (24 months) adults and 12 months (children) who require urgent dental care to supplement the existing in hours urgent dental care centres commissioned to provide urgent dental care slots on referral via NHS111

- Additional capacity commissioned from the out of hours urgent dental care service from April to the end of August 2021 to provide additional resilience to manage peaks in demand during weekend and bank holiday periods.

- Increased investment into the new Dental Out of Hours Service contract delivered from University Hospital North Durham (from 01 Oct 2021) to ensure we have sustainable capacity available to treat ‘clinically confirmed’ urgent and emergency patient’s that present via NHS 111.
- Investment in additional clinical triage capacity within the out of hours integrated NHS111 North East and North Cumbria Dental Clinical Assessment Service.

Dental Activity trend – County Durham



Note:

- Similar trend to rest of North East and North Cumbria

Access – Next Steps

- Work is underway to commission additional NHS dental capacity to replace the gap from the NHS contract that was handed back in late 2020. Subject to a successful outcome to the local commissioning and procurement process this would provide an annual treatment capacity for circa 4,156 patients (based on historic UDA per patient delivery patterns).
- Continuing to offer incentives to existing practices to prioritise patients who have not been seen in the practice within the previous (24 months) adults and 12 months (children) who require urgent dental care;
- Seeking expressions of interest from practices who have the capacity and capability to deliver additional in-hours access until the end of March 2022 with a focus on urgent care and access for nationally identified high risk groups, ie children.
- Continue to work with all practices to support them to maximise their clinical treatment capacity.
- Engage with Health Education England and their delivery partners in the development of initiatives/opportunities to improve recruitment and retention of dentists and dental team staff.

Summary – key points to note

- All NHS dental practices still operating at significant reduced capacity due to requirement to continue to adhere to national infection control guidance.
- It is therefore necessary for dental practices to triage patients who contact them to ensure that patients with the greatest clinical need, ie those requiring urgent dental care and vulnerable patients are prioritised, which likely means a delay for patients seeking non-clinically urgent and more routine dental care such as check's ups.
- Progression to resume the full range of routine dental care is being risk-managed by individual practices.
- This position is likely to continue until at least end of March 2022.
- All opportunities are being explored to increase the clinical treatment capacity available.
- In the interim we are asking patients for their understanding and co-operation during this unprecedented and difficult time for the NHS.

THANK YOU

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Adults Wellbeing and Health Overview and Scrutiny Committee

19 November 2021

Adults Wellbeing and Health Overview and Scrutiny Committee Review of GP Services in County Durham – Progress against review recommendations

Joint Report of Paul Darby, Corporate Director of Resources, Durham County Council and Joseph Chandy, Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington

Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of this report is to present to members an update of progress made against the recommendations of the Adults Wellbeing and Health OSC review of GP Services in County Durham.

2 The report also presents an overview of NHS England guidance issued on 14th October 2021 entitled **Improving Access for Patients to Primary Care and Supporting General Practice** and the associated **Winter Access Fund**.

Executive summary

3 The Adults Wellbeing and Health OSC presented its review of GP Services in County Durham to Cabinet on 18 November 2020. A copy of the review report can be found here. https://democracy.durham.gov.uk/documents/s129331/Review%20of%20GP%20Services%20Appendix%202%20in%20County%20Durham%20v1_JH%20edits.pdf

4 The review was undertaken to address member concerns about the cumulative impact of several applications to review merge or close General Practitioner (GP) services across County Durham.

5 The review examined the extent of GP coverage across County Durham including practice numbers, staffing structures and skills mixes, GP appointment capacity and demand including non-attendance rates. The effectiveness of GP service provision as reflected in inspection ratings was considered, as well as patient satisfaction with GP services. Colleagues from the clinical commissioning groups explained existing and future workforce and demographic pressures which may impact upon access to GP services as well as setting out plans to address workforce pressures including the recruitment and retention of GPs and other health professionals. The role of public health, health promotion and ill health prevention together with planning policies and transport initiatives in ensuring that GP services are sustainable and accessible was also assessed.

6 The Review identified a series of recommendations for the Council and NHS Partners to consider and address through partnership working. The report was presented to Cabinet on 18 November 2020 and subsequently to the Health and Wellbeing Board on and the NHS County Durham CCG Primary Care Commissioning Committee in March 2021.

7 This report reviews progress made against the review recommendations which are attached to this report at Appendix 2. Representatives of NHS County Durham CCG will be in attendance to report upon progress.

8 The report also sets out details of guidance issued by NHS England on 14 October 2021 entitled “Improving Access for patients to Primary Care and Supporting General Practice” and the associated winter access fund. A report has been produced by Joseph Chandy, Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington who will be in attendance to update members on the key elements of this guidance. A copy of the report is attached at Appendix 3.

9 A short presentation will also be given by Mr Chandy to set out measures aimed at supporting access to General Practice. A copy of the presentation slides is attached at Appendix 4.

Recommendation(s)

10 The Adults Wellbeing and Health OSC is recommended to:

(a) Consider and comment on the progress made against the recommendations made within the Committee's Review report into GP Services in County Durham;

(b) Receive the report of the Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington in respect of NHS England guidance entitled "Improving Access for patients to Primary Care and Supporting General Practice and the associated winter access fund";

(c) Consider and comment on the guidance and offer any insight that will inform the County Durham response;

(d) Receive further reports and dialogue that respond to NHS England expectations.

Background

11 During 2018/19 the Adults Wellbeing and Health Overview and Scrutiny Committee was engaged in a number of applications to review, merge or close General Practitioner (GP) branch services across County Durham. As part of these consultations, members received representations from patients, GP practice staff and councillors regarding the potential cumulative impact of these proposed changes and decided to undertake a review of the provision of and access to GP services across County Durham.

12 Overall, whilst health and wellbeing has improved significantly in County Durham it remains worse than the England average. County Durham has an ageing population with higher than average numbers of people living with long term conditions many with complex health needs. Access to effective, high quality primary care to help achieve improved health outcomes and reduced health inequalities is essential. An increasing population coupled with high deprivation levels in some parts of County Durham means that demand for General Practice (GP) services is likely to increase and in order to meet this anticipated demand we need to insure that the County has adequate numbers of GPs and other healthcare professionals and that practices have effective appointment systems and a wide ranging skills mix within their practice teams.

13 The review examined the extent of GP coverage across County Durham including practice numbers, staffing structures and skills mixes, GP appointment capacity and demand including non-attendance rates. The effectiveness of GP service provision as reflected in inspection ratings was considered, as well as patient satisfaction with GP services. Colleagues from the clinical commissioning groups explained existing and future workforce and demographic pressures which may impact upon access to GP services as well as setting out plans to address workforce pressures including the recruitment and retention of GPs and other health professionals. The role of public health, health promotion and ill health prevention together with planning policies and transport initiatives in ensuring that GP services are sustainable and accessible was also assessed.

14 The Review made a series of recommendations which aim to improve the sustainability and accessibility of GP services across County Durham.

15 Since the review was undertaken we have been impacted by the greatest medical emergency in our generation and the COVID-19 pandemic has resulted in major changes to the way in which general practice services are delivered. A number of these changes support

recommendations arising from this review including the increased use of technology to facilitate remote consultations and appointments. This experience will hopefully provide reassurance to patients that alongside face to face services, an increase in the use of such technology can be an effective, efficient and safe way of accessing GP services.

16 The review identified nine recommendations for the Council and NHS Partners to consider and address through partnership working. Progress made against the review recommendations has been collected and is detailed in the table attached at Appendix 2.

17 Joseph Chandy, Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington will be in attendance to report on this progress.

18 Guidance has also been issued by NHS England on 14 October 2021 entitled “Improving Access for patients to Primary Care and Supporting General Practice” and the associated winter access fund. A report has been produced by Joseph Chandy, Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington who will also update members on the key elements of this guidance. A copy of the report is attached at Appendix 3.

19 A short presentation will also be given by Mr Chandy to set out measures aimed at supporting access to General Practice. A copy of the presentation slides is attached at Appendix 4.

Conclusion

20 The Committee will be invited to consider and comment on the progress made against the recommendations from its Review of GP Services in County Durham.

21 Members will also be invited to consider and comment on the NHS England guidance entitled “Improving Access for patients to Primary Care and Supporting General Practice” and the associated winter access fund. Further update reports on the guidance and associated proposals will be brought to future meetings of the Committee.

Background papers

- Adults Wellbeing and Health OSC Review of GP Services in County Durham – Report to Cabinet 18 November 2020

Author

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Appendix 1: Implications

Legal Implications

None.

Finance

None.

Consultation

None.

Equality and Diversity / Public Sector Equality Duty

None.

Climate Change

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

Risk

None.

Procurement

None.

Appendix 2: Adults Wellbeing and Health OSC Review report of GP Services in County Durham – update of progress against recommendations

Attached as a separate document

Appendix 3: Primary Care Update - NHS England guidance entitled “Improving Access for patients to Primary Care and Supporting General Practice” and the associated winter access fund.

Attached as a separate document.

Appendix 2

OVERVIEW AND SCRUTINY REVIEW REPORT – GP Services in County Durham

REVIEW OF RECOMMENDATIONS CONSIDERED BY CABINET ON: 18 November 2020

UPDATE OF PROGRESS AGAINST RECOMMENDATIONS – 19 November 2021

Review Recommendation 1	Progress report of action taken to implement recommendation	Responsibility	Timescale

The development of Primary Care Networks and the additional workforce investment planned are supported.	• Significant progress to enhance primary care teams with Additional Roles Reimbursement Scheme (ARRS)[1] roles and the CCG continues to support the developing relationship between PCNs and local providers. 110 additional WTE ARRS staff have increased the diversity and capacity of the primary care response in the County
	
	• The planned transfer of current CCG commissioned extended access services to PCNs will now be postponed until October 2022 to allow more time for PCNs to further explore:
	  • how best to unlock synergies with in-hours services at practice level
	  • collaborative working at larger scale than individual PCN footprints
		NHS County Durham CCG	Ongoing

[1] https://www.england.nhs.uk/gp/expanding-our-workforce/

Revised medical indemnity arrangements to promote cross GP practice peer support should be promoted where workforce pressures are impacting upon the availability of GP appointments	A new Crown Indemnity Scheme allows, for the first time, practices to exchange staff to support resilience. This is now a core element of practice business continuity planning.		
Review Recommendation 2	**Progress report of action taken to implement recommendation**	**Responsibility**	**Timescale**
New practice staff roles being introduced as part of the NHS Long Term Plan are built into the local care navigation to ensure the appropriateness of future patient appointments as part of any Primary Care Strategy	• Significant progress to enhance primary care teams with Additional Roles Reimbursement Scheme (ARRS)[2] roles and the CCG continues to support the developing relationship between PCNs and local providers. 110 additional WTE staff has increased diversity and capacity of response • PCNs have completed workforce plans for 2021/22 and are currently recruiting well to a range of additional roles. If the plans are realised in full, c80% utilisation of the total Additional Roles Reimbursement Scheme (ARRS) fund allocation is anticipated, improving upon last year. • Medicine optimisation colleagues will continue work with practices to ensure the Community	NHS County Durham CCG	Ongoing

[2] https://www.england.nhs.uk/gp/expanding-our-workforce/

	Pharmacist Consultation Service is fully optimised in Durham		
Review Recommendation 3	**Progress report of action taken to implement recommendation**	**Responsibility**	**Timescale**

An extensive communications programme identifying the purpose of Care Navigation and its benefits should be implemented by the CCG and promoted across all GP practices within the County	• Care Navigation has been implemented in all practices across County Durham and engagement with the programme is linked to Local Incentive Schemes within Primary Care. A suite of Care Navigation templates has been developed and implemented to support faster access to appropriate health care professionals within primary care.
	
	• To aid understanding of how people in Durham are responding to the changing primary care offer, wide scale engagement activity is currently being designed.
	
	• The intention is to use insight gathered to deploy smarter approaches to communicating with our communities about for example,
	  • blended remote and face to face triage and care
	  • enhanced teams inc. Care Navigation
	  • support to self-care
	
	• More generally, to enable primary care better to understand patient expectation and experience, a new real-time measure will be introduced in April 2022, where patients will automatically receive a
		NHS County Durham CCG	Ongoing

	message following their appointment to rate their care. It is envisaged that this will incentivise practices to improve patient experience.		
Review Recommendation 4	**Progress report of action taken to implement recommendation**	**Responsibility**	**Timescale**
The use of digital technology to access primary care services as an alternative to face to face consultations/appointments with GPs should be promoted as a way of facilitating more accessible and timely GP advice and support	• At the beginning of the pandemic, NHS County Durham CCG invested in technology to enable primary care video consultation with patients. • See response to Review Recommendation 3 above which will inform the County Durham response to the Plan to Improve Access for Patients to Primary Care and Supporting General Practice	NHS County Durham CCG	Ongoing
Review Recommendation 5	**Progress report of action taken to implement recommendation**	**Responsibility**	**Timescale**
As part of its inspection regime, the CQC should utilise information from local Healthwatch reports and reports from local authority health overview and scrutiny committees when gathering evidence to assess the effectiveness of GP services provision	The CQC works closely with NHS County Durham CCG. This includes meeting periodically to discuss information received from sources including Healthwatch. The CQC has moved to a new monitoring regime that primarily uses intelligent data from a range of sources to determine whether reinspection is required.	Care Quality Commission	Ongoing
Review Recommendation 6	**Progress report of action taken to implement recommendation**	**Responsibility**	**Timescale**
Use of section 106 agreements to contribute to the development of	The policy on S106 contributions is in the adopted County Durham Plan (Policy 25). More	Durham County Council	Ongoing

enhanced health care services where development is taking place is supported in line with the emerging County Durham Plan	detail on how this policy will be applied will be included in a Developer Contributions Supplementary Planning Document which is expected to go to Cabinet in December this year with consultation to be undertaken in the new year. This includes how contributions for Health will be calculated and spent.	– Spatial Policy Planning Service	
Review Recommendation 7	**Progress report of action taken to implement recommendation**	**Responsibility**	**Timescale**
An integrated transport solution is developed to address the challenges faced by patients in accessing appointments to include specific and widely publicised patient information relating to the travel support available	• The CCG has re-activated a transport hub to support residents over 70 years of age to access booster vaccinations at their Local Vaccination Site (LVS) where physical or financial barriers prevent access. There are already a number of strands in place in terms of a transport solution for access to health services:- • The CCGs help to health service has been in place for some time, operated by Supportive with their volunteer drivers. • Supportive also operate social car schemes in various AAP areas that could also aid access to appointments that fall outside the eligibility of help to health. • In April 2020, IPT secured a further contract with Supportive to fill in the gaps i.e. those areas/journeys that weren't covered by the existing AAP social car schemes.	DCC – Integrated Transport Unit NHS County Durham CCG North East Ambulance Service	Ongoing

	• We also continue to have our Link2 demand responsive service which transports people who don't have a bus service or are mobility-impaired. Conditions do apply to both the Link2 service and our social car scheme contract. • In addition to the above, there is of course, the CCG's patient transport service, public transport services and a number of smaller bespoke hospital transport schemes. Following the publication of the Government's National Bus Strategy in March, there is a requirement for Local Transport Authorities (LTA) to enter into an Enhanced Partnership (EP) with bus operators and produce a Bus Service Improvement Plan (BSIP). This plan, while a high-level document, will act as a bidding document for a share of the £3bn of transformation funding for public transport. Government are encouraging us to be ambitious in our plan. DCC are not the LTA, but is part of the North East Joint Transport Committee, which has the power to make an EP. To that end, we are working closely with Transport North East and JTC to ensure the requirements for Durham are delivered within the plan. Our 4 key asks are:- • Protect the current bus service network.		

	• A Young People's fares regime that allows under 19s to travel by bus at a more affordable and inclusive cost • A transformational adult fares cap in the order of £4 per day, applicable regionwide and on all operators' services • An enhanced public transport network including a series of measures to improve the customer experience, including reliability and punctuality, improved infrastructure, enhanced standard of vehicles and enhanced services including more Sunday and later evening services Improved access to health could fall within the final bullet point. However, on top of these, Government have encouraged Demand Responsive Transport (DRT) solutions and we have, for some time, had the aspiration of reviewing our DRT services with a view to increasing the offer and making more use of volunteer drivers. Indeed, in 2019 we completed the first part of the review (a review of our existing offer and comparison with other authorities and schemes) but this work was interrupted by covid in continuing into actual solutions. Initial thoughts on developing a solution includes looking for a single, countywide social car scheme, rather than piecemeal schemes across the county or incorporate this offer in a revised, improved Link2 model. So were seeking to include an element of DRT within the BSIP so that we can explore this. In view of this,		

	improved access to health could be a part of the measures within the EP. As you might imagine, all of this will be dependent upon the level of funding the JTC, and consequently Durham, get from the bid. The BSIP is to be submitted to DfT at the end of this month with funding likely to be announced sometime after the spending review, with the implementation of the EP in April 2022. Not all measures within the partnership will begin immediately but hopefully, ultimately, the funding will be there for us to realise our aspirations within the foreseeable future. With regard to publicising the solutions, we already have our website that points people to the existing solutions Hospital transport services - Durham County Council but the BSIP will have an information strand within it and it may be that we can look for innovative solutions here.		
Review Recommendation 8	**Progress report of action taken to implement recommendation**	**Responsibility**	**Timescale**
The CCG's workforce development initiatives detailed within this report are supported and further development and use of the practice vulnerability toolkit to support vulnerable practices through peer support across and	• The Practice Vulnerability Toolkit has now been superseded by an NHSD data set as reported to this Committee entitled Improving Access for Patients to "Primary Care & Supporting General Practice" • As reported above, a new Crown Indemnity Scheme allows, for the first time, practices to exchange staff to support resilience. This is now a	NHS County Durham CCG	Ongoing

within Primary Care Networks is recommended	core element of practice business continuity planning. • Practices are reviewing their business continuity plans in response to winter pressure. • A successful GP Career Start scheme has been running in County Durham since 2015 with almost 50 GPs accessing the programme to date. A proposal to increase capacity in the current GP Career Start scheme is currently in development. It is anticipated that an 'enhanced offer' will attract more GPs to work in the 'place' of Durham, contributing to general practice resilience. • Funding has been awarded for the CCG to engage with practices to develop further, local plans to improve GP Retention.		
Review Recommendation 9	**Progress report of action taken to implement recommendation**	**Responsibility**	**Timescale**
The CCG and North East Ambulance Service NHS Foundation Trust develop an effective communications and marketing campaign to raise awareness and promote the availability of GP appointments via the NHS 111 Service	National messaging positions 111 as the alternative for ED to relieve the pressures in hospitals but was never intended as an alternative to GPs. At the moment, like every other 111 provider, we are aligned with following those national guidelines. We would still therefore advise against advertising being able to book GP appointments through 111 at the moment.	NHS County Durham CCG North East Ambulance Service	Ongoing

Adults Wellbeing and Health Overview and Scrutiny Committee

19 November 2021

Primary Care Update

Report of Joseph Chandy, Director of Commissioning Strategy and Delivery - Primary Care, NHS County Durham Clinical Commissioning Group

Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of this report is to provide members of the Adult, Health and Wellbeing Overview and Scrutiny Committee with an overview of NHSE guidance issued on 14th October 2021 entitled **Improving Access for Patients to Primary Care and Supporting General Practice** and the associated **Winter Access Fund**.

Executive summary

2 NHSE guidance has been issued aimed at:

- addressing variation in access to primary care and encouraging good practice
- increasing and optimising primary care capacity and
- improving communication with the public about primary care, including tackling abuse and violence against NHS staff

3 This report outlines the expectations of NHSE and work underway to respond to the same.

Recommendation(s)

4 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:

(a) receive this report and note contents

(b) offer any insight that will inform the County Durham response

(c) be open to further reports and dialogue that respond to NHSE expectations

Background

Improving Access for Patients to Primary Care & Supporting General Practice

1.1 In preparation for what is expected to be a very demanding winter period NHSE has issued a Plan which sets out actions designed to support improved patient access to general practice including access to face to face appointments with GPs.

1.2 It is recognised within this Plan that nationally, primary care has:

- delivered the COVID vaccination programme in addition to existing workload
- provided more appointments for patients than in equivalent period before the pandemic
- increased patient satisfaction

1.3 And to improve access and treatment, overall, general practice has rapidly developed an offer which, in accordance with policy:

- successfully blends face to face alongside remote appointments
- fully optimises an increasingly diverse general practice workforce

1.4 Actions contained in the Plan are aimed at:

- addressing variation in access to primary care and encouraging good practice
- increasing and optimising primary care capacity and
- improving communication with the public about primary care, including tackling abuse and violence against NHS staff

1.5 It should be recognised that the Plan was issued without dialogue and that general practice is still considering the implications of this guidance.

2. Additional Funding Capacity

2.1 A new £250 million Winter Access Fund has been established to support implementation of the Plan and specifically, to improve patient access to urgent, same day care, outside of hospital.

2.2 The County Durham allocation of Winter Access Fund is c£820k. This investment is not specifically aligned to individual practices but will be distributed into the County to achieve maximum impact.

3. Place-based Planning

3.1 Following issue of this Plan, work was undertaken by NENC ICS to identify what additional resources and/or improvenment work can be done with practices across the following areas:

- overall practice appointment levels
- face to face appointment levels
- patient satisfaction
- A&E attendances from practice
- workforce capacity
- 111 in-hours use by patients
- CQC intelligence
- demography of patient population

3.2 Further work is required to understand how data has been used and assumptions made by NENC ICS. County Durham CCG is therefore committed to working with practices to undertake further analysis to ensure an accurate position is achieved.

3.3 As CCG timescales to respond to the Plan left little room for local engagement, County Durham CCG has established a small Task Group of wider stakeholders[1] to progress NHSE expectations. This Task Group will support learning and knowledge transfer in relation to general practice patient access. The Task Group will build upon activity which the CCG was working on prior to this guidance being issued, described in paragraphs 4, 5 and 6 below.

3.4 Pipeline work relating to public engagement, primary care access data, mapping national data sets to practice ledgers and telephony will be brought online early to help in the task at hand.

4. Addressing Access Variation

4.1 OPEL level reporting guidelines and a standard operating procedure have been issued to practices. The CCG is monitoring the reporting processes on a daily basis and contacting practices to offer support, where indicated in the Standard Operating Procedure. Additional work is being undertaken across County Durham and South Tees CCGs to align organisational policies for reporting Opel levels.

Since the beginning of August 2021, there have been 151 notifications of Opel level 2, 18 notifications of Opel level 3 and one practice reported Opel level 4. The majority issues raised and impacting on the delivery of

[1] *business intelligence, communication, engagement, estates, digital, and medicines optimisation*

service was related to reduced staffing / staff isolation and increased demand.

4.2 A successful GP Career Start scheme has been running in County Durham since 2015 with almost 50 GPs accessing the programme to date. A proposal to increase capacity in the current GP Career Start scheme is currently in development. It is anticipated that an 'enhanced offer' will attract more GPs to work in the 'place' of Durham, contributing to general practice resilience.

4.3 To support practice compliance with the introduction of a national performance regime and associated cash penalties as set out in the Plan (from April 2022), the Task Group will work to develop real time data to identify practice performance in relation to:

- overall appointments in comparison to pre-pandemic levels
- face-to-face appointments levels (as a percentage of overall appointments)
- 111 calls in-hours and avoidable A&E per practice

4.4 This activity will include on-site engagement with practices to identify data transfer issues which may affect accurate presentation of performance.

4.5 Where primary care access is challenged, the Task Force will consider alternative provision for vaccination of the patient population.

5. Increasing and optimising primary care capacity

5.1 A range of activity has recently been undertaken to extend and diversify primary care to ensure that face to face access to general practitioners can be optimised in accordance with plans laid out in the GP Five Year Forward View. This includes;

- significant progress to enhance primary care teams with Additional Roles Reimbursement Scheme (ARRS)[2] roles and the CCG continues to support the developing relationship between PCNs and local providers.
- PCNs have completed workforce plans for 2021/22 and are currently recruiting well to a range of additional roles. If the plans are realised in full, c80% utilisation of the total Additional Roles Reimbursement Scheme (ARRS) fund allocation is anticipated, improving upon last year.

[2] https://www.england.nhs.uk/gp/expanding-our-workforce/

- work has been undertaken to promote a more proactive approach to reach vulnerable and excluded patient groups
- Care Navigation has been implemented in all practices across County Durham and engagement with the programme is linked to Local Incentive Schemes within Primary Care. A suite of Care Navigation templates has been developed and implemented to support faster access to appropriate health care professionals within primary care.

5.2 Moving forward, the Task Group will engage with practices in relation to NHSE proposals to modernise primary care infrastructure including the replacement or upgrade of existing telephone systems with smarter, digital solutions. Investment has already been made in County Durham to optimise systems within existing contracts. The Task Group will work with practices to baseline current infrastructure and support improvements.

5.3 Medicine optimisation will also continue work with practices to ensure the Community Pharmacist Consultation Service is fully optimised in Durham

5.4 County capacity has also been increased to include 6 Primary Care Access Hubs to offer 12pm-6pm overflow for same day access to GPs in addition to the existing extended access arrangements between 6pm-8pm weekdays.

5.5 The Hubs are an extension of the practices in County Durham and work in collaboration across the County to ensure that urgent demand can be seen on the day. Winter Access Funding would enable an increase in the number of appointments available in the Hubs.

5.6 There is collaborative working between primary care hubs, UTCs and the ED in County Durham. Through previous integrated urgent care system re-design, the UTCs in County Durham:

- can book patients into primary care appointments.

- handle all 111 primary care dispositions out of hours.

Increasing primary care capacity will have a positive impact on the UTCs and ensure that they can respond promptly to any speak to dispositions they receive.

5.7 Durham CCG GPs and management staff have worked in A&E to understand the proportion of patients that can be seen in primary care and

to help understand how an ED based primary care service could work. As a result, plans are underway to mobilise an additional Hub, adjacent to Emergency Department that is able to offer access to general practice Monday-Friday 12-8pm and Saturday-Sunday 8am-2pm

The hub team will operate from ED, proactively triaging patients and re-directing them to the on-site primary care service. Winter Access Funding offers the opportunity to increase capacity in each Hub over the winter months and explore demand for up to 2 additional Hubs in North Durham

5.8 Increasing capacity in the primary care extended access services will reduce pressure on Emergency Departments. Hours of opening are based on the times that EDs are busy with walk in patients.

5.9 The planned transfer of current CCG commissioned extended access services to PCNs will now be postponed until October 2022 to allow more time for PCNs to further explore:

- how best to unlock synergies with in-hours services at practice level
- collaborative working at larger scale than individual PCN footprints

6. Improving communication

6.1 To aid understanding of how people in Durham are rersponding to the changing primary care offer, the Task Group will roll out wide scale engagement activity.

The intention is to use insight gathered to deploy smarter approaches to communicating with our communities about for example,

- blended remote and face to face triage and care
- enhanced teams
- support to self-care

6.2 To enable primary care better to understand patient expectation and experience, a new real-time measure will be introduced in April 2022, where patients will automatically receive a message following their appointment to rate their care. It is envisaged that this will incentivise practices to improve patient experience.

6.3 Recognising the need to protect the most valuable NHS asset, support will be offered to primary care to safeguard staff. Measures include a £5m fund to upgrade practice security and a campaign of zero tolerance on the abuse of NHS staff.

7. Primary Care Strategy & Planning

7.1 As previously reported to this Committee, a Primary Care Commissioing & Investment Strategy has been developed for the County. Much of the activity described in this report is referred to in the Strategy as either started or planned.

7.2 It is recognised that whilst NHS reorganisation may result in changes that require a review of this Strategy, in the short-medium term, there will still be a need for placed based planning in support of improving access for patients to primary care and supporting general practice

County Durham Care Partnership

NHS County Durham Clinical Commissioning Group

Improving Access for Patients to Primary Care and Supporting General Practice

Joseph Chandy

Director of Primary Care

Unable to contact /delays by telephone!

- primary care call volumes continue to increase
- significant investment in telephony
- policy driven channel shift to online contact
- other ways to interact & transact with the NHS

Impossible to secure a face-to-face appointment with a GP!

- practices driven by policy to:
  - increase level of telephone and video consultation
  - diversify practitioner base (to personalise care)
- "Access" plan aims to increase the number of face-to-face GP appointments

Being asked to self-care!

- evidence indicates prevention and self-care work
- (consequently) NHS policy is underpinned by prevention and self-care
- self-care/service adds capacity to service

What can prevent good access

- Lack of workforce
- Poor organisation
- COVID isolations/sickness amongst staff
- Higher than expected demands from patient populations

What are we doing

- Winter fund for additional workforce
- Investment in telephony
- Improving access task group
- UHND Hub

COVID-19 Vaccination: 12-15 year olds

- SAIS leading vaccination of healthy children
- First visits to schools before 15th November
- All catch-up clinics to happen before Christmas
- If visit missed, or parents wish vaccination sooner, this can be done via the NBS (out of school hours)
- Live data entry encouraged to reduce the risk of double vaccinating
- Queries about the school COVID-19 vaccination programme - contact school initially or email the school immunisation team hdft.covidimmunisationsddt@nhs.net
- Regional push for increased offer from PCNs and community pharmacies

COVID-19 Vaccination: Boosters

- Timings updated
- (Booster) Vaccine at 5 months from 2nd dose
- In the following circumstances
  - Care Home so all can be vaccinated at the same time
  - Housebound if being visited for flu jab anyway
  - If attending a clinic for a flu jab
  - If present opportunistically and nearly 182 days