

Health and Wellbeing Board

18 March 2021

County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22



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

Electoral division(s) affected:

None / Countywide / Name, Name, Name, Name.

Purpose of the Report

- 1 To present the County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22 to the County Durham Health and Wellbeing Board. The final draft takes into consideration recent feedback received from the Board and Healthwatch County Durham.

Executive summary

- 2 The County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22, has been developed over many months and the priorities it sets out are based on input from member practices and wider stakeholders.
- 3 The strategy builds on the integrated partnership arrangements in County Durham, supporting the ongoing development of Primary Care Networks. The strategy aspires to deliver of more joined-up person-centred care closer to people's homes and improved health outcomes.

Recommendations

- 4 The County Durham Health and Wellbeing Board is asked to:
 - (a) receive this report and note contents;
 - (b) review changes made to the document in light of feedback received from the Board and Healthwatch County Durham; and
 - (c) endorse the County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22.

Background

- 5 The County Durham CCG Primary Care Commissioning and Investment Strategy 2020/21-2021/22 sets out how the CCG will deliver sustainable primary care services and better health outcomes for the people of County Durham.
- 6 Whilst we have made excellent progress against the out-going primary care strategies, in light of the [NHS Long Term Plan](#) and new GP contract framework, we must now refresh our strategy to ensure our ambitions are reframed and refocused.
- 7 We know primary care continues to face a number of challenges including workforce issues, changing health needs of the population and the shift in patient expectation. We now have the added challenge of operating in a world with COVID-19.
- 8 Since work on the strategy began, there have been a significant amount of changes in primary care, in large due to the response to the COVID-19 pandemic and changes to the national GP contract.
- 9 In November 2020, NHS England/Improvement published the consultation document [Integrating Care: Next steps to building strong and effective integrated care systems across England](#), building on the route map set out in the NHS Long Term Plan for health and care to be joined up locally around people's needs. It advocates stronger partnerships in local places between the NHS, Local Government and others with a more central role for primary care in providing joined up care.
- 10 NHS England has now decided that all areas of England will be covered by an Integrated Care System (ICS). In our area this ICS will cover the North East and North Cumbria and will take over the functions of existing CCGs. The ICS will form an ICS NHS body and an ICS Partnership Board. CCGs will no longer exist as statutory bodies after March 2022. NHS Partnership Boards and the ICS NHS Body have the power to delegate some of their functions and a budget to 'place'. As a health and social care system in Durham we need to ensure that the footprint of place based services makes sense for the population of Durham and the General Practices that make up our [Primary Care Networks](#) (PCNs).
- 11 The strategy offers background detail to the primary care chapter in the [County Durham Commissioning and Delivery Plan 2020-2025](#).

Strategy development

- 12 The strategy has been developed with input from key stakeholders over an extended period due to the significant impact of COVID-19 on original timescale.
- 13 Pre-COVID engagement activity included early engagement with the CCG Patient, Public and Carer Engagement Committee and Patient Reference Groups. We also carried out a practice survey in November 2019, which had a 70% response rate. Emerging themes from patients and practices are summarised in appendix 3 of the strategy document.
- 14 In May 2020, general practice staff were asked to complete an online survey regarding changes to working practices catalysed by COVID-19 and the changes needed in the light of recent experiences. In total, 152 primary care workers responded to the survey. Key findings were incorporated into the strategy.
- 15 We also took on board the findings from the public engagement on the use of digital consultations in GP practice, which was took place in June and July 2020. In total there were 1,157 respondents from County Durham.
- 16 The recommendations from the Overview and Scrutiny Review of GP Services in County Durham, reported in October 2020, have been taken in consideration along with observations detailed in the HealthWatch report on COVID-19 Lockdown Experience, also dated October 2020.
- 17 In November 2020 we produced a draft strategy document incorporating feedback from previous engagement both pre and during COVID-19; with an accompanying video presentation. A short survey was developed which included the following questions:
 - Do you agree with our vision outlined in the strategy?
 - Are our priorities right?
 - Are there any other areas that need to be included in the strategy?
- 18 The draft strategy, video presentation and survey were publicised via Headlines and the CCG website. The CCG engagement team emailed key stakeholders and promoted the strategy survey at Patient Reference Group meetings throughout November 2020.
- 19 Comments on the draft strategy were sought during a Governing Body development session; also the CCG Quality Committee and the County Durham and Darlington Local Medical Council.

- 20 Feedback from the engagement was incorporated into a revised draft of strategy, which was presented to the County Durham Adult Wellbeing and Health Overview and Scrutiny Committee on 5 February 2021.
- 21 The strategy document has been further updated in light of recent feedback received from Healthwatch County Durham and members of the County Durham Health and Wellbeing Board in advance of the formal Board meeting.
- 22 A GP practice focus group has provided input into the strategy and also editorial oversight.

Strategy overview

- 23 The strategy aspires to deliver better care, closer to people's home, whilst improving the sustainability of primary care through the ongoing development of Primary Care Networks. It is recognised that primary care has a key role to play in 'place-based' working across a whole system approach.
- 24 The strategy builds on previous success and its vision for 'investing in general practice' aligns to the County Durham Vision 2035 for integrated care *'to bring together health, social care and voluntary sector organisations to improve the health and wellbeing for the people of County Durham'* and the Health and Wellbeing Board's vision that *'County Durham is a healthy place where people live well for longer'*.
- 25 The strategy identifies four strategic themes, which align with the County Durham Joint Health and Wellbeing Strategy.
 - (a) **Working together better:** Building on integrated partnership arrangements in County Durham; with the CCG primary care team working with acute hospital, community and local authority partners through a joint work plan, so that primary care is more involved in the 'placed based' business, with the majority of services commissioned, planned and delivered at a local geography.
 - (b) **Making primary care sustainable to manage current and future demand:** Continuing sustainability of primary care by building on the current investment to support the out of hospital agenda and encourage closer working with secondary care. This aligns with the County Durham Joint Health and Wellbeing Strategy aim to increase the scale and integration of out of hospital services, based around communities and improve population health outcomes.
 - (c) **Right scale working:** Supporting at scale working with Primary Care Networks and Federations and ensuring they have a provider voice at 'place' and the Integrated Care Partnership/System level.

The Joint Health and Wellbeing Strategy recognises the need to work together with our neighbours at scale where this genuinely adds value.

- (d) **New model of primary care:** Developing Primary Care Networks as the collaborative model for local integration of health and care and greater use of additional roles to broaden the workforce. An example includes the social prescribing link worker role to help people to access the local, community-based help they need.

26 The strategy is centred on four delivery priorities.

- (a) **Priority 1 - Supporting self-care:** Enabling people to self-manage their health through a range of approaches including access to non-clinical support that helps build knowledge, skills and confidence.
- (b) **Priority 2 - Improving access to care, through technology:** Enabling people to have more flexibility in how they access primary care services; and using technology to enhance patient care.
- (c) **Priority 3 - Broadening the team:** Widening the range of health and care professionals working in primary care to meet the needs of the population.
- (d) **Priority 4 - Joined up care, closer to home:** Widening the range of health and care professionals working in primary care to meet the needs of the population. As well working with our main acute trust on new models for delivering patient care closer to home, there is the commitment to work with Tees Esk and Wear Valleys NHS Trust around the Community Mental Health Framework and improve access to mental health support as well as ongoing learning disability initiatives e.g. annual health checks.

27 The strategy aligns with the guiding principles outlined in the County Durham 'Approach to Wellbeing' model, adopted by the Health and Wellbeing Board.

- (a) **People and Places:** The strategy places Primary Care Networks at the heart of local communities, with a remit to enable people to take greater control of their own health and wellbeing; making it easier for people to find out what help and support is available and how to access it through active sign-posting. With an increased focus on prevention people will be able to take charge of their own health, enabling them to stay well for longer. Social Prescribing Link Workers and new roles such as Health and Wellbeing Coaches and Care Coordinators are featured within the strategy.

- (b) **Supporting systems:** The strategy is supportive of the integration agenda, working better together, with an emphasis on more joined-up, personalised care and shared decision making, underpinned by the Network Direct Enhanced Service (DES) contract. Primary care will play key role in the development of the 'place based' approach.
 - (c) **Using what works:** The strategy has been informed by local conversations and recognises the need for ongoing engagement with stakeholders.
- 28 The strategy does not lose sight of the importance of quality and safety, tackling health inequalities and the prevention agenda.
- 29 The CCG will use the revised Local Incentive Scheme re-branded as the Local Improvement and Integration Scheme (LIIS) as the vehicle to bring together all elements of the Primary Care Strategy. The scheme seeks to reduce inequality, reduce any opportunity for a post code delivery of services and encourages prevention, integration and the future development of Primary Care Networks as the building blocks of 'place based' services across County Durham. It is intended that the LIIS becomes a three year scheme from April 2021.
- 30 The strategy offers a breakdown of the Primary Care annual budget in 2020/21 and projected funding for Primary Care Networks, which represents the position set at the start of the financial year. In response to the COVID-19 pandemic, temporary financial arrangements have been implemented across the NHS during 2020/21. There is currently uncertainty over financial arrangements for the NHS in 2021/22. The strategy will be refreshed once the 2021/22 financial arrangements are confirmed.
- 31 To understand whether the strategy is making a difference, a number of measures will be developed/agreed and used as indicators of success – including indicators based on the NHS 'Triple Aim' approach. These will be incorporated into the County Durham Outcomes Framework for monitoring purposes.

Next steps

- 32 The final version of strategy will be made available to CCG members, partner organisations and the public via the CCG website.
- 33 The next challenge will be to further develop the detailed, timed implementation plan for the strategy. This process will be led by the CCG Director of Commissioning Strategy and Delivery responsible for Primary Care and will be overseen by the Primary Care Commissioning Committee.

- 34 Local patient groups will be a central part of the development and monitoring of the implementation plan. Patient involvement should help to maintain momentum, drive agreed change and therefore increase the likelihood of successful delivery the strategy.
- 35 The CCG will also need to ensure that it has the ability to adjust plans to meet any 'must do' requests from NHS England.

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Appendix 1: Implications

Legal Implications

Not applicable

Finance

The strategy provides a breakdown of the 2020/21 annual budget for primary care and the projected funding into Primary Care Networks.

Consultation

Engagement with key stakeholders has informed strategy development.

Equality and Diversity / Public Sector Equality Duty

The County Durham CCG Primary Care Commissioning and Investment Strategy 2020-2022 aims to ensure high quality, primary care services which are accessible to all.

Human Rights

None

Crime and Disorder

Not applicable

Staffing

A priority within the strategy is broadening the primary care team. There is a commitment to within the strategy to develop a Primary Care Workforce Plan in 2021, which describes in detail investment and actions to address workforce challenges and develop a workforce that are key to enabling primary care transformation, through engagement with Primary Care Networks, wider professions and stakeholders.

Accommodation

Reference to estates is made within the strategy.

Risk

Impact of the COVID-19 pandemic on strategy development and delivery

Procurement

Not applicable

**Appendix 2: Final Draft County Durham Primary Care
Commissioning and Investment Strategy 2020/21-2021/22**

Attached as a separate document