

Primary Care Commissioning Committee

26 April 2017

Details	Part 1	x	Part 2		Agenda Item No.	8
Title of Paper:	Primary Care Health and Wellbeing Strategy Delivery Plan					
Board Member:	Jeff Schryer, Primary Care Clinical Lead					
Author:	Zoe Alderson, Head of Primary Care					
Presenter:	Amy Lepiorz, Deputy Director for Primary Care and QIPP					
Please indicate:	For Decision		For Information		For Discussion	x

Executive Summary

Summary	<p>Bury CCG's Primary Care Health and Wellbeing Strategy was approved by the Primary Care Commissioning Committee (PCCC) in December. The strategy itself sets out Bury's ambition for Primary Care in its widest sense recognising the contribution made by the workforce in GP, dental, ophthalmic and pharmacy practices and describes Primary Care's contribution to the Bury Vision of a 'population that is healthy, happy and as independent as possible'.</p> <p>The purpose of this paper is to provide PCCC with sight of the overarching delivery plan which is currently in draft form and to seek views on how to effectively engage both on the strategy itself but also the intended approach to deliver the strategic vision.</p>
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Risk	High		Medium		Low	X
	Please indicate above the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". NB Risks can include failure to act and lost opportunities.					
	Risk		Mitigating Action			
	Without sufficient engagement it will be impossible to deliver the vision as it requires all stakeholders to be brought along the journey		One of the enabling groups will focus on how we move away from 'communicating' and 'information', and towards 'involving', 'collaborating' and 'empowering'			

Recommendations	The Primary Care Commissioning Committee is asked to: <ol style="list-style-type: none"> Note the draft delivery plan being presented
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Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	X
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	No Supports NHS Bury CCG Governance arrangements No

Primary Care Health and Wellbeing Strategy – Delivery plan

The following delivery plan has been developed to demonstrate how the Primary Care Health and Wellbeing Strategy will come to fruition. The strategy itself comprises of three high level outcomes and five key themes for achievement by 2021, these are:

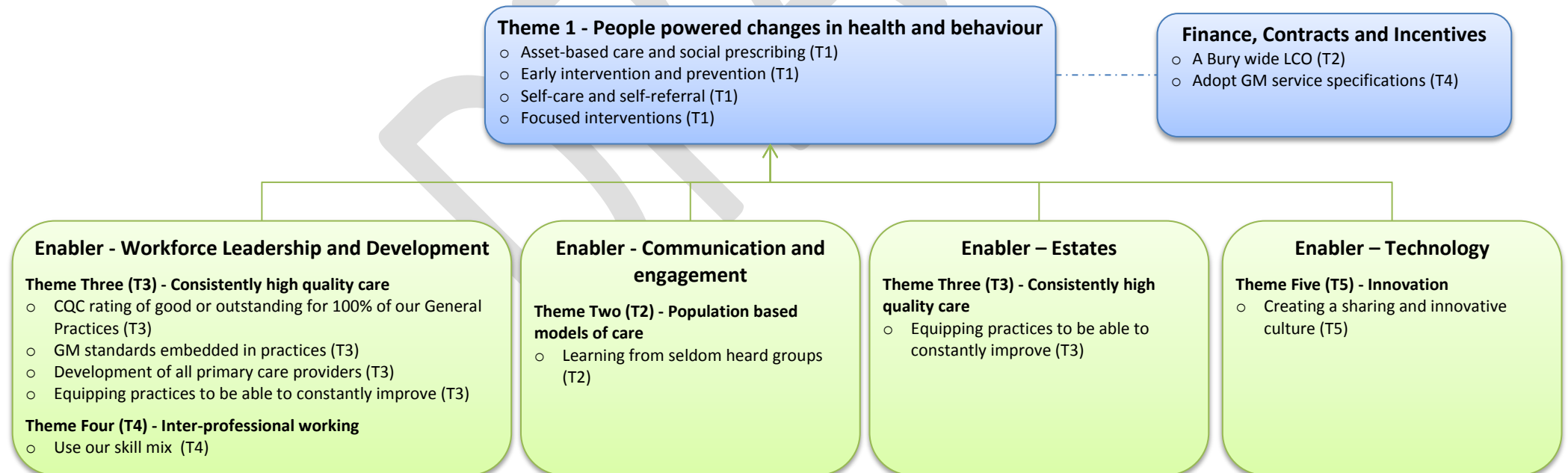
Outcomes:

1. An empowered population who are confident in their approach to preventing diseases and self-management of healthcare conditions (O1)
2. Where care is appropriate or needed this will be person-centred co-ordinated care, leading to an increased consistency and patient satisfaction (O2)
3. High quality care will be provided by motivated, talented, happy and healthy primary care professionals attracted to work in Bury (O3)

Themes:

1. Theme One (T1) - People powered changes in health and behaviour
2. Theme Two (T2) - Population based models of care
3. Theme Three (T3) - Consistently high quality care
4. Theme Four (T4) - Inter-professional working
5. Theme Five (T5) - Innovation

The main focus for 2017/18 will be the delivery of **Theme 1 People Powered Changes in Health and Behaviour** as it is recognised that other themes are either business as usual (BAU), are already being driven via wider programmes of work such as the Locality Plan (LP) are requirements from the General Practice Forward View (GPFV) or they will be outcomes that are delivered under the enabling workstreams some of which are cross cutting. The below diagram depicts this:



As depicted in the above diagram a Task and Finish Group ‘People Powered Changes’ will be established to oversee the delivery of the project as a whole with four further enabling groups supporting key pieces of work. Each of the groups will have a responsible officer assigned to it and will be set a number of high-level objectives. The below table highlights the high-level objectives to be achieved by each of the groups as well as the responsible officer.

High Level Objectives to be achieved:

Enabler/ Workstream	We have	We will (high-level objectives)	Outcome	Responsible Officer
People powered changes in health and behaviour - Task and Finish Group	<ul style="list-style-type: none"> ▪ Active Patient Participation Groups ▪ Local Authority Directory of Services which centrally promotes all assets within the borough ▪ A person centred conversation wheel that helps people navigate the DOS in order find services that are relevant to their need ▪ Two booking centres (one CCG one Local Authority) which support patients to access health services ▪ An established Self Care Branding “Be Self Care Aware” 	<ul style="list-style-type: none"> ▪ Develop SMART action plans linked to overall objectives and outcomes ▪ Focus on asset-based care (T1) ▪ Provide focused interventions (T1) ▪ Encourage ‘people powered health’ interventions including, but not exclusive to Social Prescribing, Health Literacy, Peer Support and Supported Self-Management/self-referral (T1) ▪ Promote and develop prevention, early intervention and self-care (T1) ▪ Recognise the valuable role played by those people in Bury who provide unpaid care and establish a ‘New Deal for Carers’ that ensures they are provided with the support that is needed. (BAU) ▪ Consider alternatives to 1:1 consultations e.g. Nurse-Led Group Consultation 	<ul style="list-style-type: none"> ▪ An empowered population who are confident in their approach to preventing diseases and self-management of healthcare conditions (O1) ▪ Where care is appropriate or needed this will be person-centred co-ordinated care, leading to an increased consistency and patient satisfaction (O2) 	A Lepiorz/Z Alderson
Workforce Leadership and Development	<p>Workforce</p> <ul style="list-style-type: none"> ▪ Redbank Medical Practice is one of five Enhanced Training Hubs in Greater Manchester 	<p>Workforce</p> <ul style="list-style-type: none"> ▪ Develop SMART action plans linked to overall objectives and outcomes ▪ Have a comprehensive ‘Primary Care Workforce Plan’ to attract and retain the best primary care professionals across the whole of the sector (T4) ▪ Carry out workforce mapping across Primary Care (current staffing/skills gap) (T4) ▪ Have an overview of local vacancies in order to discuss shortages with practices when appropriate (T3 & T4) ▪ Support the return of GPs to practice through promoting schemes such as the Retained Doctor Scheme, Induction and Refresher (I&R) Scheme and overseas recruitment. 	<ul style="list-style-type: none"> ▪ Where care is appropriate or needed this will be person-centred co-ordinated care, leading to an increased consistency and patient satisfaction (O2) ▪ High quality care will be provided by motivated, 	R Schofield /M Riccioppo

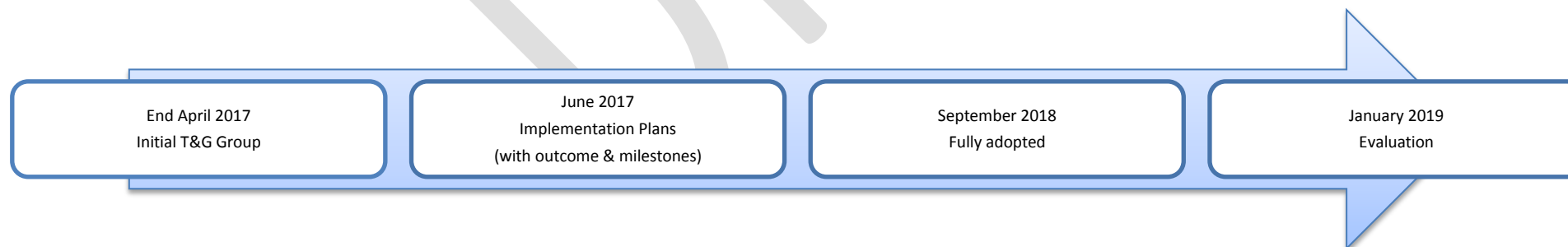
Enabler/ Workstream	We have	We will (high-level objectives)	Outcome	Responsible Officer
	<p>Leadership</p> <ul style="list-style-type: none"> ▪ Monthly Sector Meetings offer a platform for peer to peer support/challenge ▪ Quarterly engagement sessions take place with member practices <p>Development</p> <ul style="list-style-type: none"> ▪ Primary Care Education Strategy (Currently General Practice focussed) ▪ Monthly Education meetings offer an opportunity for practices to share learning via case study focused sessions ▪ Practice Nurse lead in post ▪ Regular Practice Nurse Forums taking place 	<p>We will (high-level objectives)</p> <ul style="list-style-type: none"> ▪ Support the introduction of new roles e.g. Physician Associates, Medical Assistant/GP Assistant, ▪ Support the introduction of physiotherapists, therapists and other AHPs to work safely and effectively in primary care. ▪ Build on the Clinical Pharmacists Roles within General Practice ▪ Consider the use of the GM General Practice staffing model which has been piloted in Salford (a tool which enables practices to understand their capacity and demand and explore new approaches to staffing in General Practice) <p>Leadership</p> <ul style="list-style-type: none"> ▪ Organisational development - support and facilitation to bring people together to agree how things might work differently in each Sector. This would set out what the perceived barriers are and options to overcome them. ▪ Facilitating grass route training/ development and using this as a way of empowering frontline staff / sharing ideas ▪ Develop leadership styles/skills including coaching/conversation skills ▪ All Primary Care Staff are able to articulate the vision (T1) ▪ Develop a Bury Brand (T1) ▪ Review governance/membership/frequency and effectiveness of Sector Meetings in order to ensure they represent wider Primary Care and remain an effective communication method (BAU) <p>Development</p> <ul style="list-style-type: none"> ▪ Review and refresh the Primary Care Education Strategy with a view to it becoming a plan that focuses on T1 and includes wider Primary Care Providers ▪ Consider smarter ways of delivering training/meetings e.g. webinars 	<p>talented, happy and healthy primary care professionals attracted to work in Bury (O3)</p> <ul style="list-style-type: none"> ▪ Support the GPFV that 5,000 extra GPs will be working in general practice by 2020/21 ▪ Multi-disciplinary training hubs to support the development of the General Practice workforce 	
Technology	<ul style="list-style-type: none"> ▪ 30 of 31 practices signed up to the MIG (Share for You) 	<p>Develop SMART action plans linked to overall objectives and outcome</p> <p>Explore other technological solutions to support both patients and</p>	<ul style="list-style-type: none"> ▪ An empowered population who are confident in their 	M Culshaw/ Z Alderson

Enabler/ Workstream	We have	We will (high-level objectives)	Outcome	Responsible Officer
	<ul style="list-style-type: none"> ▪ Installed Patient information screens in all practices ▪ Installed Wi-Fi into all GP practices ▪ Trained representatives from GP Practice Staff to become digital champions 	<p>clinicians in line with NHS Digital Business Plan 2017/18</p> <p>Patients:</p> <ul style="list-style-type: none"> ▪ Support greater digital participation so that more people can benefit from digital health and care services. (Increase online access to patients own record, appointment booking/results viewing) ▪ Text messaging to patients (health promotion as well as appointment reminders) ▪ Online Consultations/web cam links with Care Homes (GPFV) ▪ Explore the use of Information kiosks/screens within General Practice ▪ Explore the use of technology which supports people to remain at home for longer ▪ Develop/promote reputable links/website pages/apps for people to use ▪ Clinical Triage Platform: launching a new online channel – NHS111 online, integrated with NHS.UK – giving patient access advice for a limited number of low risk conditions (NHS Digital Business Plan 2017/18) <p>Clinicians:</p> <ul style="list-style-type: none"> ▪ Access to Service Information: providing clinicians with full, real-time access to detailed patient records in order to inform and speed up diagnosis (NHS Digital Business Plan 2017/18) ▪ Integrated Electronic Care Records ▪ Mobile working solutions ▪ IT solutions to support effective communication (across professionals) ▪ Dynamic system-wide risk stratification which identifies people who are increasingly accessing health and social care services ▪ Training staff to support patients to use technology (BAU) <p>Both:</p> <ul style="list-style-type: none"> ▪ A ‘digital first’ offer via the Bury Directory (development of usage of existing DOS to include wider health) (LP) 	<p>approach to preventing diseases and self-management of healthcare conditions (O1)</p>	
Estates	<ul style="list-style-type: none"> ▪ Three state of the art Primary Care Building (with a forth currently in development) ▪ Limited knowledge of current estates utilisation/agreements 	<ul style="list-style-type: none"> ▪ Produce a comprehensive Estates Strategy ▪ Develop SMART action plans linked to overall objectives and outcome ▪ Undertake a mapping exercise of all primary care estates ▪ Optimise public sector space providing fit for purpose premises ▪ Explore opportunities around asset transfer and use of public service 		A Lepiorz / Z Alderson

Enabler/ Workstream	We have	We will (high-level objectives)	Outcome	Responsible Officer
		assets by non-public service groups and organisations. <ul style="list-style-type: none"> ▪ Identify and dispose of asset liabilities (Rationalise estates) ▪ Ensure General Practice has an equitable share of estates and that the CCG is consistent regarding the reimbursements it makes 		
Communication and engagement	<ul style="list-style-type: none"> ▪ Installed Patient information screens in all practices ▪ Quarterly member engagement events ▪ Patient involvement on CCG Sector Groups although sporadic ▪ Regular Newsletters Produced and circulated 	<ul style="list-style-type: none"> ▪ Develop a comprehensive communication and engagement plan (3 pronged, Membership/Providers, People and promoting good practice in GM) which will include: <ul style="list-style-type: none"> ○ how we gather views of seldom heard groups ○ Ensuring public campaigns are coordinated and have consistent and cohesive messages ○ How we make better use of LINKs/local Health Watch and other patient participation groups. ▪ Develop SMART action plans linked to overall objectives and outcome ▪ Promote the use of NHS Choices (or its replacement The NHS.uk platform, which will provide a personalised and interactive way for people to access information and services) (O1 & T1) ▪ Joint working to Local Authority re access to Social Care advice ▪ Develop new CCG Website 	<ul style="list-style-type: none"> ▪ An empowered population who are confident in their approach to preventing diseases and self-management of healthcare conditions (O1) ▪ Move away from 'communicating' and 'information', and towards 'involving', 'collaborating' and 'empowering' (LP) 	A Mitchell

High-level Timeline:

An initial task and finish group will take place at the end of April which will be attended by all responsible officers. The meeting will set the scene and outline expectations from each of the lead officers needed in order for the project to be a success. From this meeting officers will be given 2 months to then work up detailed SMART¹ implementation plans so that progress can be monitored. The main task and finish group will meet bi-monthly and all lead officers are expected to attend. It is envisaged that the enabling workstreams may also need to establish working groups if not already in place. Frequency is not dictated



¹ Specific, Measurable, Achievable, Realistic and Time-based

Action Plan in Development:

Responsible Person	Activity	Duration	Start	Finish	RAG	3/4/17	10/4/17	17/4/17	24/4/17	1/5/17	8/5/17	15/5/17	22/5/17	29/5/17	5/6/17
People powered changes in health and behaviour															
Z Alderson	Draft Delivery Plan Shared with Patient Cabinet	1	6-Apr-17	6-Apr-17	G										
Z Alderson	Draft Delivery Plan Shared with PCCC	1	26-Apr-17	26-Apr-17	G										
K Keen	Task and Finish Group	1	28-Apr-17	28-Apr-17	G										
A Lepiorz	Implementation plan due (with outcomes & milestones)	1	1-Jun-17	1-Jun-17	G										
	Fully Adopted	1	1-Sep-18	1-Sep-18	G										
	Evaluation	1	1-Jan-19	1-Jan-19	G										
Workforce Leadership and Development															
R Schofield	Implementation plan due (with outcomes & milestones)	1	1-Jun-17	1-Jun-17	G										
Technology															
M Culshaw	Implementation plan due (with outcome & milestones)	1	1-Jun-17	1-Jun-17	G										
Estates															
A Lepiorz	Implementation plan due (with outcome & milestones)	1	1-Jun-17	1-Jun-17	G										
Enabler - Communication and Engagement															
A Mitchell	Implementation plan due (with outcome & milestones)	1	1-Jun-17	1-Jun-17	G										