



#healthyplym

Oversight and Governance

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HEALTH AND WELLBEING BOARD

Thursday 27 January 2022
10.00 am
Warspite Room, Council House

Members: Councillor Nicholson, Chair Councillor Dr Mahony, Vice Chair, Councillors Dr Buchan and Downie.

Statutory Co-opted Members: Strategic Director for People, Director of Children's Services, NHS Devon Clinical Commissioning Group, Director for Public Health and Healthwatch.

Non-statutory Members: Livewell SW, University Hospitals Plymouth NHS Trust and the Voluntary and Community Sector

Members are invited to attend the above meeting to consider the items of business overleaf.

This meeting will be webcast and available on-line after the meeting. By entering the Council Chamber, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

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<http://www.plymouth.gov.uk/accesstomeetings>

Tracey Lee
Chief Executive

Health and Wellbeing Board

8. Primary Care Strategy Refresh

(Pages 1 - 8)

11. Mayflower Group

(Pages 9 - 14)

Devon General Practice Strategy

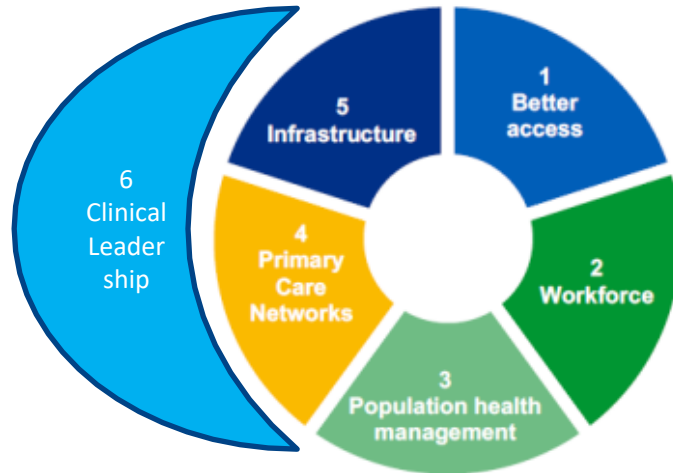
Refresh for 2022

Plymouth Health and Wellbeing Board

Background

- Devon CCG published a five year strategy for general practice in 2019, which featured a set of priorities and objectives for the CCG to undertake and to support general practice.

- Six pillars**



We will improve patient **access** to care through technology

We will develop and retain an agile and engaged **workforce**, with a focus on multi-disciplinary teams

We will take a **population health management** approach to improve Devon's health and wellbeing, and reduce health inequalities

We will develop **Primary Care Networks** to provide more joined-up care close to home

We will modernise our **estates and infrastructure** to support and enhance services

Progress to date

| | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Better access to care through technology | <ul style="list-style-type: none">• All practices now have access to eConsult and video consultations• Significant changes to remote working, shared practice systems and access to laptops and IT throughout pandemic• Extended Access commissioned across the county• Improved patient satisfaction survey results, including 70% patient satisfaction for online consultations• High levels of registrations for NHS App (37% of aged 13+ in Devon)• Additional staffing sessions as part of the Winter Access Fund. We have supported 27,000 additional hours for primary care between December 21 and March 22 |
| Workforce | <ul style="list-style-type: none">• 335 whole time equivalent people recruited to additional roles and reimbursement scheme (ARRS) e.g. pharmacists, physio, community paramedics and social prescribing link workers• Flexible workforce bank in primary care. This was originally set up to support vaccine delivery but is being extended for longer term benefits• Digital locum pilot, which has seen early good progress, will become part of the overall bank offer in February once pilot concludes• Workforce Improvement Group established to agree priorities for investment including wellbeing and practice manager training• Recruitment successes e.g. working with British Medical Journal (BMJ) |
| Population health management | <ul style="list-style-type: none">• Devon system population health management programme underway for the system (although temporarily paused owing to system pressures)• Data sharing has started between some practices• Enhanced understanding of concepts and opportunities |

| | |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Develop primary care networks | <ul style="list-style-type: none"> • All practices are in a primary care network (PCN) and are progressing along a maturity matrix • Closer working with local care partnerships (LCPs) • Delivering the vaccination programme and business continuity arrangements have really brought PCNs together • Work progressing to agree PCN development plans • Utilisation of additional roles reimbursement scheme (ARRS) • Establishment of and recurrent funding provided for Collaborative Board engagement with LCP processes • GP ownership of system level issues |
| Infrastructure – modernise estates and infrastructure | <ul style="list-style-type: none"> • Locality plans becoming more embedded within LCPs • Local projects have progressed/are progressing, including new build practice premises in Crediton (Redlands Primary Care) and Plymouth (West Hoe) and priorities such as the West End Health and Wellbeing Centre in Plymouth progressing well • Working with Section 106 teams to maximise opportunities for funding for primary care • Full utilisation of Minor Improvement Grant budget • ‘Covid proofing’ GP sites • Significant security upgrades to practices with identified challenges |
| Clinical leadership | <ul style="list-style-type: none"> • Dedicated funding for clinical leadership development • Clinical voice is part of primary care workplans • Nurse strategy agreed |



Why a refresh?

- Learning from the pandemic has shown how different primary care can, and should be
- Increased pressure on the system and asks of general practice means it's now time to revise the strategy, taking in to account learning from experience
- The strategy refresh will take place during January – June 2022
- It will be co-designed with patients, GPs, stakeholders and healthcare professionals
- It will describe how we will provide sustainable general practice across the Devon system, but at the same time deliver high quality services for patients in a changing world



Why a refresh?

- The revised strategy will challenge current conceptions about what general practice is and how it is delivered if general practice is going to survive the combined challenges of demand and workforce over the next decade
- Although, we currently have a very real challenge in Plymouth, we need to refresh the strategy for all general practice in Devon
- NHS England and Improvement are currently undertaking a stocktake of primary care commissioning and provision. The final report from this is due around March 2022 and Devon will seek to ensure that future strategy reflects the key findings of that review.
- A review of integration and our Long Term Plan is underway and this will factor in to the refresh of the GP strategy

Approach

The strategy refresh will consider:

- the impact of the General Practice 5 year forward view (2016)
- the existing and future workforce and demographic pressures which may impact on current and future access to GP services.
- the role of GP Practices, Primary Care Networks in the developing Integrated Care System
- areas of good practice (both national and international) in relation to -
 - workforce pressures and skill mix
 - delivery of primary care in urban (and rural areas)
 - recruitment and retention at start and end of career
 - access, quality and resilience
 - additional services to support primary care
- the role and responsibilities of local authorities in supporting GP services at a place and neighbourhood level

Three phases

- There are three phases identified in the work programme
 - **Phase 1:** Think Tank' sessions with key stakeholders, e.g., GP practices, Healthwatch, the Local Medical Committee, Collaborative Board Chairs, Local Care Partnerships, Healthwatch, providers, elected representatives, diverse communities and patient participation groups
 - Research, literature review, exemplar/case study models, best practice review, internal refresh
 - **Phase 2:** Collation of all content from phase 1 into a draft strategy document
 - **Phase 3:** Consultation on draft strategy with groups from phase 1
- Work is already underway within the primary care team to identify key stakeholders as part of this review and to plan opportunities for early engagement
- It is anticipated that the refreshed strategy will go to the CCG's Primary Care Commissioning Committee in July 2022

The following relates to exempt or confidential matters (Para(s) 3, 4 of Part 1, Schedule 12A of the Local Govt Act 1972). Any breach of confidentiality could prejudice the Council/person/body concerned & might amount to a breach of the councillors /employees codes of conduct.

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