

Name of Meeting: HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Date: TUESDAY 14 NOVEMBER 2017

Title of report: INTEGRATION OF HEALTH AND ADULT SOCIAL CARE

Purpose of Report:

This report presents for information a position statement on the integration of Health and Adult Social Care in Kirklees.

Key Decision - Is it likely to result in spending or a saving of £250k or more, or to have a significant effect on two or more electoral wards?	N/A
Is it in the Council's Forward Plan (Key Decisions and Private Reports)?	N/A
The Decision - Is it eligible for "call in" by Scrutiny?	N/A
Date signed off by <u>Director</u> and name	Richard Parry – 2 November 2017
Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?	N/A
Is it also signed off by the Assistant Director, Legal, Governance and Monitoring	N/A
Cabinet member portfolio	Cllrs Viv Kendrick and Cathy Scott, Adults and Public Health

Electoral [wards](#) affected: All

Ward councillors consulted: Consultation with Ward Councillors is not applicable to this report

Public or private: Public

1. Summary

The local vision and approach for health and social care integration

- 1.1 The Kirklees Health and Wellbeing Board reviewed and updated its vision in April 2017.

Kirklees 2020 Vision for our health and social care system is that –

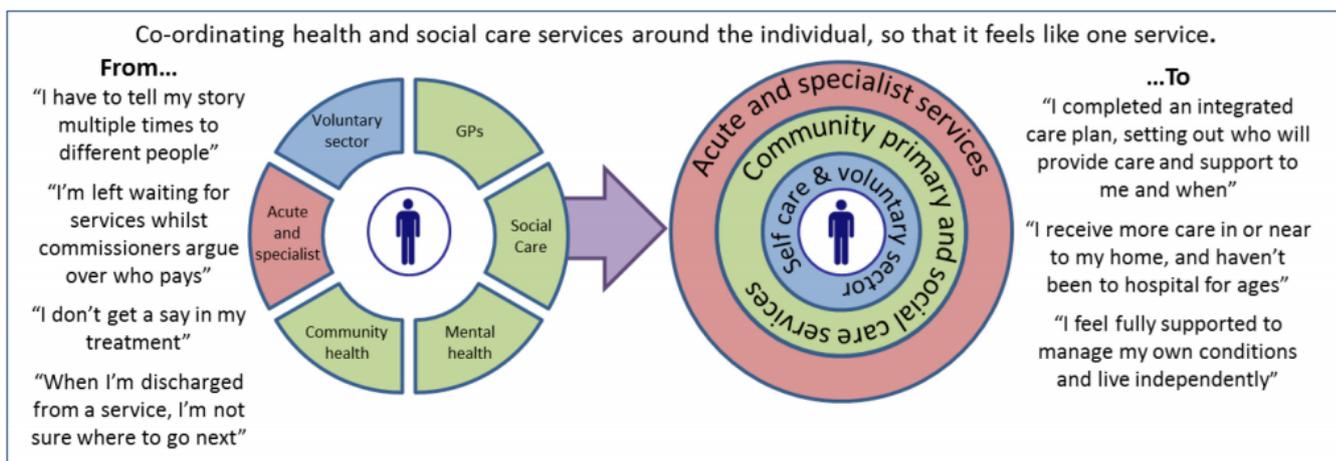
No matter where they live, people in Kirklees live their lives confidently and responsibly, in better health, for longer and experience less inequality.

The Vision sets out our objectives for local people and local services:

- People in Kirklees are as well as possible for as long as possible, in both mind and body
- People take up opportunities that have a positive impact on their health and wellbeing
- Local people are helped to manage life challenges
- People experience seamless health and social care appropriate to their needs that is:
 - affordable and sustainable, and investment is rebalanced across the system towards activity in community settings
 - based around integrated service delivery across primary, community and social care that is available 24 hours a day and 7 days a week where relevant
 - led by fully integrated commissioning, workforce and community planning
 - clear about what difference it is making, and how it can improve

The Kirklees Ambition

- 1.2 Our ambition for the future is to move towards population based commissioning where the focus is on service user centred co-ordinated care, as demonstrated in the diagram below, that illustrates the aims and objectives of the Better Care Fund (BCF) Policy Framework (see [here](#)) which supports improvements to health and wellbeing and reduces health inequalities for our local population.



- 1.3 We will deliver this through the development of integrated models of care provided by a collaboration of organisations. We want to enable and empower patients and their carers to access care in the most appropriate place with a focus on integrated and holistic care pathways. Implementation of our vision will result in a shift in activity out of hospital and into more appropriate settings including communities; ensuring patients are managed more effectively at or as close to home as possible. The role and function of the Council and the CCGs will evolve as we move towards a more integrated system of care.

Care and Health Peer Challenge

1.4 In March 2017, Kirklees participated in piloting with the Local Government Association a new system wide care and health peer challenge. The focus of the challenge was:

- The strategic commitment of the Council and CCG partners to integrating out of hospital care for adults (i.e. adult social care, primary and community healthcare and public health).
- The shift to an integrated model 'care closer to home' for the delivery of care for adults outside of hospital.
- Leadership and governance for these shifts across the system, particularly from the Council, CCGs and the community services provider Locala.

A presentation which summarises the process, findings and recommendations is [here](#) (Agenda Item 9a). The key message was that *'now is the time for action, with political, clinical and management leadership working together and the aim not joint working, but a single system working to enable you to do things once and better, with a single commissioning voice.'*

The recommendations are being used to inform the work currently taking place on integration.

Progress on Integration – Priority Areas for Integration

1.5 Key elements of the work are already being progressed by the Integrated Commissioning Executive (whose membership comprises senior managers from the Council and the CCGs). The focus has been on the development of single integrated teams and plans for commissioning across the system for the following priority areas

- Aids to daily living including the Kirklees Integrated Community Equipment Service, minor adaptations, adaptations funded by the Disabled Facilities Grant, assistive technology*
- Intermediate care and reablement*
- Support to carers*
- Continuing care*
- Frailty*
- Quality in care homes and the Care Homes Strategy*
- Mental Health*
- Learning Disability
- End of Life
- Adult Wellness
- Healthy Child Programme/CAHMS Transformation**
- Children and Young People – SEN, sick /looked after/vulnerable children
- Schools as Community Hubs

There are currently two pooled budgets in place. The areas that are fully or partly in these pooled budgets are marked with asterisks:

* Better Care Fund	17/18 = £44,913k	18/19 = £48,974k
** Healthy Child Programme	17/18 = £10,757k	18/19 = £10,757k

Progress on Integration - A Single Commissioning System

- 1.6 The Care and Health Peer Challenge recommended that we proceed at pace on our integrated commissioning project, and that has been the focus since March.
- 1.7 The Health and Wellbeing Board agreed the 'Case for Change' for the development of a single commissioning system in June 2017 (the presentation is [here](#), the covering report is [here](#) – Agenda Item 10).
- 1.8 Building on long standing partnership collaborative arrangements, the Council and the CCGs are working towards the development of a single strategic commissioning system that will use partners' combined skills, knowledge and resources to make more efficient use of scarce resources, ensure consistency of approach and be better prepared to deliver functions across a variety of footprints and move towards a new model of care organisation.
- 1.9 The Peer Challenge also recommended that *'It's not a plan until it's written down; when you've planned your work, you need to work your plan'*. To enable us to deliver this a Programme Board has been established with membership including CCG Clinical Chairs, Chief Officers, other senior management leads, governance manager, Council Directors for Adults and Health, Service Directors for Integration, Adult Care, Public Health and Finance. A sub-group has also been established to focus on specific issues relating to the coming together of the management and governance arrangements across the two CCGs. Steve Brennan has been seconded from his post as Director of Finance at North Kirklees CCG to act as the Senior Responsible Officer for the overall integration programme.
- 1.10 A critical step in the integration journey has been the decision by both CCGs to have a single accountable officer. Many other areas, including Leeds and Bradford, have taken the same step. Following the local process, which involved a range of stakeholders, the appointment was approved by NHS England who have the statutory power to appoint CCG accountable officers, and Carol McKenna took up the role across the two CCG on 1st November. Richard Parry has returned from his part-time secondment to his full time role as Strategic Director for Adults and Health in the Council.
- 1.11 The next steps are focussed on
 - Establishing the Integrated Commissioning Governance Arrangements
 - Developing the Integrated Commissioning Infrastructure

Establishing the Integrated Commissioning Governance Arrangements

- 1.12 The CCGs have already taken steps to start aligning their governance arrangements. For example, the Governing Bodies will be 'meetings in common' from January 2018, i.e. the meetings will run concurrently with the same agenda and separate decisions being made by each Governing Body. More detailed work on the streamlining of governance processes is underway.

One option is to establish a new set of integrated governance arrangements that are 'Delegation Ready' i.e. the relevant bodies (CCG Governing Bodies and Council or Cabinet) can delegate authority where appropriate and possible to the new integrated arrangements. It is expected that these powers will be limited at the outset, but will include being able to manage pooled budgets in due course. This will allow the 'committee' to run in 'SafeMode' for a period and then be stepped up to full running as and when ready and in more than one step.

During the initial phase of running in 'Safe Mode' the focus will be on:

- developing an integrated Commissioning Strategy and Implementation Plan
- overseeing the development of an outcomes framework, an integrated approach to quality and an integrated approach to engagement and public involvement
- agreeing the aspiration for pooling of budgets with size and scope to be determined
- receiving financial, performance and quality information on existing services
- agreeing the scope of integrated provision and manage delivery of early initiatives
- building working relationships, trust, mutual understanding and confidence.

Developing the Integrated Commissioning Infrastructure

- 1.13 There are already extensive integrated arrangements across the two CCGs and the Council. And these will be strengthened significantly over the next 6 months.

At the most senior level Carol McKenna will join the new executive leadership team for Kirklees. The integrated leadership arrangements for commissioning will be established ready to go live on April 2018. Following appropriate engagement and consultation with staff the transition to the new integrated arrangements will start from April 2018. There is a long standing commitment to enable staff to maintain their existing employer, but that their roles will be within the integrated arrangements and this might require them to work differently.

There is a recognition that embedding the new integrated arrangements will require new relationships and ways of working and that we cannot assume these flow naturally or quickly enough if left to develop entirely organically. Therefore an organisational development plan is being developed to support the transition. Key elements of this plan are likely to include investing time in staff getting to know each other, developing a common 'Toolbox' of approaches and language and a launch event across whole patch.

Progress on Integration – An Integrated Delivery System for Out of Hospital Care

- 1.14 Since the Peer Challenge earlier this year the discussions around integration of commissioning have led to a recognition that the development of an integrated delivery system for out of hospital care needs to run in parallel, rather than wait until next year. Consequently the Integration Programme has agreed a separate workstream to lead the development of our local model. This workstream is being led by Sue Richards, Service Director Integration. The workstream will be overseen by a working group with representatives from the Council, CCGs, primary care, Locala, South West Yorkshire Foundation Trust, Calderdale and Huddersfield Foundation Trust, Mid-Yorkshire Hospitals and Kirklees Neighbourhood Housing

The role of the group is to

- Agree the ambition for integrated 'out of hospital' provision with commissioners
- Develop a proposal for integrated 'out of hospital' provision with providers
- Develop and oversee implementation plans to realise the ambition

The programme plan is in the early stages of development but it is expected that it will set out a more structured approach to developing the leadership necessary to achieve a focussed set of expectations covering

- Establishing the baseline of services and resources currently in place across the system, the associated budgets, and current 'integration initiatives'

- Developing a shared understanding of what makes a difference and how, so that we can ensure these key features are present in our model as it is develop.
- Building the Leadership Approach to develop a shared commitment to developing a new model
- Developing the High Level Model of Care which sets out the key functions and structural elements of the model, including our approach to
 - o population and geography
 - o population health management and risk stratification
 - o care co-ordination and management
 - o record sharing and associated information governance
- Identifying some areas to make progress on now rather than wait for the new model to be fully developed. These will provide ways of testing out approaches, refining them and using the learning to inform our approach. The potential areas include
 - o Local area/hub working (see below)
 - o Single point of access/single point of contact
 - o Single Trusted Assessor
 - o Accountable lead professional/person
 - o Common pathways
 - o Digital by Design

The procurement phase will be lengthy and needs to recognise a range of key dependencies, including the end date on the current Care Closer to Home contract in 2020. Given the scale and complexity of the potential procurement it is expected that the Integrated Support and Assurance Process (ISAP) will be applicable ([link](#)). This Process has been developed by NHS England and NHS Improvement because the contractual arrangements through which some new care models will be implemented may mean contracting for new models of care is 'novel' and that the bidder's organisational forms may be complex and can significantly affect incumbent NHS providers.

Locality hubs

- 1.15 The vision for Locality Hubs is to create a space that enables and nurtures a multi-disciplinary response to people who have vulnerabilities within communities – how this works in practice will evolve over time and will depend on the needs of each locality but it does need to be transformational. This means that what we start with will not be the final model; it will develop organically as we develop relationships with Partners and the local community. It is important that we do not simply pick up what we do currently and replicate it in the hub - the locality hubs are not a new front door/customer service centre. The offer in each area is likely to be different, as we know one size will not fit all. This is not about council services from council buildings – it's about utilising the locality hub as one of many community assets in an area where people live. The offer is about growing and encouraging community organisations to lead activities and events rather than council services being the provider.

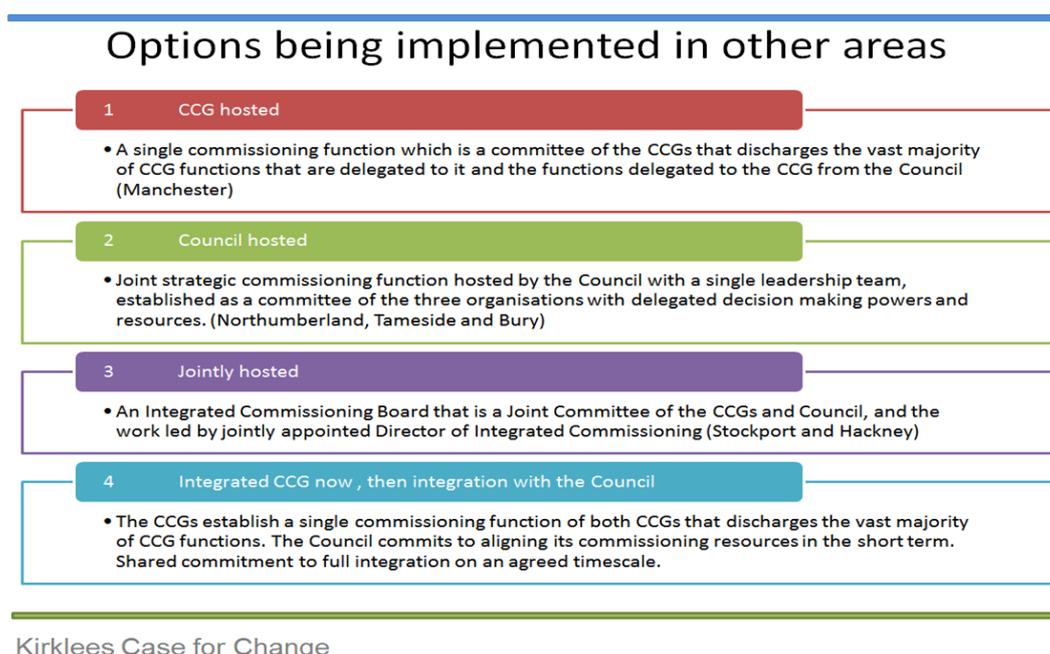
The locality hubs will be based in

- Batley Town Hall
- Dewsbury Town Hall
- Huddersfield Civic Campus
- Slaithwaite Town Hall

The development of the Locality Hubs is being led by Sue Richards (Service Direction for Integration). The detail of who will be working from the locality hubs is being worked through via Joint Hub Planning meetings (with representative from Adults and Children social care and Communities Plus Teams). Further work will be undertaken by the Early Intervention and Prevention Partnership Managers for each of the 4 localities to involve partners and VCSE organisations.

Integration Models being implemented in other Areas

- 1.16 The diagram below illustrates integrated commissioning models being implemented around the country. As set out above Kirklees is currently implementing Option 4, and could evolve into Option 3 subject to agreement around the integrated governance and infrastructure arrangements.



- 1.17 There are also a wide range of models of integrated service delivery being developed around the country. These are all variants on the new care models set out in the Five Year Forward View and the recent Next Steps on the Five Year Forward View. There are two basic models for integrated out of hospital care:
- [integrated primary and acute care systems](#) – joining up GP, hospital, community and mental health services
 - [multispecialty community providers](#) – moving specialist care out of hospitals into the community

Eight areas of England have now been identified to lead the development of ‘accountable care systems’ (ACSs) with recognition that these might become ‘accountable care organisations’ (ACOs) but only after ‘several years’. They both share common core elements

- they involve a provider or, more usually, an alliance of providers that collaborate to meet the needs of a defined population
- these providers take responsibility for a budget allocated by a commissioner or alliance of commissioners to deliver a range of services to that population

- they work under a contract that specifies the outcomes and other objectives they are required to achieve within the given budget, often extending over a number of years.

Progress on the Primary Care Strategies

- 1.18 The Health and Wellbeing Board received an update on progress with the primary care strategies developed by Greater Huddersfield CCG and North Kirklees CCG. A copy is attached at Appendix 1.

2. Information required to take a decision

This report is submitted for information only.

3. Implications for the Council

3.1 Early Intervention and Prevention

Work to progress the integration of health and social care is in line with Priority 3 “As part of new Council we will work in partnership with lots of organisations, communities and people.”

3.2 Economic Resilience

There will be no impact arising from this report.

3.3 Improving Outcomes for Children

There will be no impact arising from this report.

3.4 Legal/Financial or Human Resources

There will be no impact arising from this report.

4. Consultees and their opinions

This report has been jointly prepared by the Council and CCG Partners in integration.

5. Next steps

Not applicable.

6. Officer recommendations and reasons

That this report be received.

7. Cabinet Portfolio holder recommendation

Not applicable.

8. Contact Officers

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phil.longworth@kirklees.gov.uk

Steve Brennan, Senior Responsible Officer, Working Together, 01924 504900
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9. Background papers and history of decisions

Not applicable.

10. Service Director responsible

Sue Richards, Service Director, Integration, 01484 221000,
sue.richards@kirklees.gov.uk

APPENDIX 1

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	28th September 2017
TITLE OF PAPER:	Primary Care Strategy update – Greater Huddersfield CCG/North Kirklees CCG
1. Purpose of paper	<p>This paper has been requested by the Kirklees Health and Wellbeing Board, to brief and update the Board on the Greater Huddersfield and North Kirklees Primary Care Strategies and what they mean for the rest of the Health and Social Care system.</p>
2. Background	<p>As highlighted previously by both CCGs there are significant pressures on primary medical care, both nationally and locally. The primary care strategic programmes aim to support and shape primary care provision to mitigate the associated risks. The sustainability of the system's ability to provide high quality primary care is dependent on the success of the programmes, both locally and nationally.</p>
3. Proposal	<p>The Board is asked to endorse and support the work of the primary care strategic programmes and to consider the interdependencies with other areas of its work.</p>
4. Financial Implications	<p>A programme of investment is included within the CCGs' financial plans.</p> <p>For Greater Huddersfield this includes £735k investment from CCG core funds during 2017/18 and 2018/19 to develop an infrastructure to enable primary care providers to work together at scale and, in different ways so that more clinical time is released to care for patients. An additional £1.5m within core funding is supporting a range of work at individual practices including progress towards working at scale.</p> <p>For North Kirklees for 2017/18 agreement was made and built into financial plans for a total of £1,581,500 to be invested in a number of additional services to be provided by General Practice. This includes a number of services provided from individual practices but also support to move further towards working at scale and the sharing of functions releasing clinician time to care for patients.</p>
5. Sign off	<p>Greater Huddersfield CCG: Carol McKenna; Chief Officer; 19 September 2017 North Kirklees CCG: Helen Severns; Head of Transformation and Integration; 19 September 2017</p>
6. Next Steps	<p>Implementation of the Primary Care Programmes are a strategic priority for both CCGs and the work will continue at pace.</p>

7. Recommendations

The Board is asked to:

- Note the update;
- Endorse the strategic objectives and programme;
- Consider how to maximise the contribution through wider system interdependencies.

8. Contact Officer

Greater Huddersfield CCG:

Rachel Carter, Interim Head of Strategic Primary Care Projects,
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1. Introduction

This paper has been requested by the Kirklees Health and Wellbeing Board, to brief and update the Board on the Greater Huddersfield CCG and North Kirklees CCG Primary Care Strategies and what they mean for the rest of the Health and Social Care system.¹

The Greater Huddersfield Primary Care Strategy was shaped by engagement with patients and the public, local general practices and wider stakeholders. Our vision for primary care is “Thriving and progressive general practice with patients at its heart.” We have 37 GP practices providing primary care to over 245,000 patients, with individual practice populations varying from about 1,400 to 15,800. In 2017/18 we will spend about £33m on primary care, which is about 10% of the CCG’s total income.

The North Kirklees Primary Care strategy, which was developed through extensive engagement with member practices, patients, stakeholders and the general public, sets out North Kirklees Clinical Commissioning Group’s (NKCCG) vision for Primary Care and describes what outcomes the CCG expects to see from Primary Care over the next 5 years. The strategy is part of NKCCG’s transformational vision for primary care services, and focusses on the key challenges that need to be addressed to ensure that primary care services deliver:

- Easily accessible primary care services for all patients
- Consistent, high quality, effective, safe care delivered to all patients
- Motivated, engaged and integrated workforce with the right skills, behaviours and training, available in the right numbers
- Premises and infrastructure which increase capacity for clinical services out of hospital and improve 7 day access to effective care.
- Effective contracting models which are fairly and properly funded to deliver integration and positive health outcomes.

2. Primary Care Programme (Primary Care Strategy and General Practice Forward View)

The NHS Five Year Forward View was issued in October 2014. The more detailed national primary care approach was described in the General Practice Forward View (GPFV), published April 2016. The Greater Huddersfield Primary Care Strategy was in final stages of development when the GPFV was issued, and was itself published in June 2016. The final version of the North Kirklees strategy was ratified by the NKCCG Governing Body on 3 February 2016.

Key messages from the national and local strategies include:

- Funding in general practice has not kept pace with investment elsewhere in the NHS. The share of spend on general practice services now needs to be increased.
- There are major pressures on primary care capacity. Whilst there are national programmes to train more GPs, this is balanced by retirements, falling retention and increases in part-time working. A high proportion of nursing and practice management and support function workforce within primary care are also approaching retirement. The solution is a combination of recruiting, retaining and developing existing staff, together with using resource differently so that the role of a GP shifts to one of a “Primary Care Consultant”, providing clinical

¹ CCG Primary Care strategies cover general medical services. The broader definition of “primary care” includes dental practices, community pharmacies and high street optometrists but these are outside CCG remits.

leadership and accountability, seeing the most complex patients and coordinating a wider team of professionals to deliver care to patients.

- There is also a clear national direction for GP surgeries increasingly to work together in primary care networks or hubs to provide enhanced services to combined patient populations of at least 30,000 to 50,000. This could be done (for example) by working collaboratively in groups, through federations, or via more formal contractual mechanisms. One of the key objectives is to provide more convenient patient access to general practice, including at evenings and weekends.
- We need to release time for primary care professionals to care for patients. This includes management of demand, diversion of unnecessary work, reduction in bureaucracy and more integration with the wider health and care system. Specific programmes include implementing 10 high-impact changes to release time for patients, and increased support to help patients to manage a greater proportion of minor self-limiting illnesses for themselves.
- There are opportunities for greater use of technology and infrastructure to enhance patient care and experience, as well as to streamline processes. This will include different ways of patients interfacing with their primary care professionals, for example through telephone or on-line consultations.

Funding mechanisms for primary care services are complex and include a variety of discrete routes. Both CCGs have received full delegation for the exercise of primary medical care commissioning functions from NHS England (GH from April 2016; NK from April 2017); this includes the delegation of core primary care budgets covering a range of funding streams. In addition there are various funding routes managed nationally or regionally against which CCGs can bid and both CCGs have successfully secured additional funding for practices via these routes. Over time each CCG has also developed investment strategies tailored to its local needs and these are reflected in overall budgets. A summary of investment is included below for each CCG.

3. Progress in Greater Huddersfield

The CCG is managing both implementation of the local Primary Care Strategy, and the requirements of the national General Practice Forward View, within an overarching Primary Care Programme. The objectives of the programme are in Appendix A.

Key Achievements so far include:

- Supporting practices to implement the 10 High Impact Actions identified nationally as proven innovations to release time for care.
- Success in funding bids for GP resilience, estate and technology, urgent and emergency care, and training.
- Clear approach to developing Core, Core Plus and Advanced offers to provide consistent and high-quality services to the Greater Huddersfield population.
- Professional Development frameworks developed for nurses, Health Care Assistants and receptionists and implemented in a number of practices.
- Programme to offer pre-registration nursing placements in practice, to support future recruitment.
- Increased uptake of patient online access.
- Programme of “Care Navigator” training to support patients in accessing relevant services.
- Progress in implementing the Local Digital Roadmap for Kirklees.

Innovation

There are a number of areas where Greater Huddersfield has achieved benefits for patients and/or recognition for innovative approaches. For example:

- Work to support vulnerable practices through sharing of knowledge and other resource and specifically targeting assistance.
- Provision of a specialist primary care services (achieving Outstanding CQC rating) for patients more likely to have chaotic lifestyles, including homeless people, asylum seekers, refugees and sex workers.
- Early implementer in providing online access for patients to their full medical record.
- Targeted support for patients that are unpaid carers, including provision of information and signposting as well as networking opportunities that are also open to the public.

Investment

Planned investment in primary care is summarised in Appendix B. This includes the allocation of £3 per head from core CCG funding to invest in supporting the sustainability of primary care. The investment is budgeted over two years (2017/18 and 2018/19) and utilisation will include developing infrastructure to deliver at-scale, and implementing high-impact actions to release time for care. The CCG is working with the My Health Huddersfield General Practice Federation on how benefits from this investment can be maximised.

Additional funding will be made available to the CCG from 2018/19 onwards to deliver improved patient access. This will include routine and same day appointments and evenings and weekends to meet locally-determined demand.

Every practice was offered the opportunity to apply for resilience funding in December 2016, with further bids in June 2017. The successful bids supported by NHSE include collective and collaborative support for sustainability for our smaller practices and short-term capacity to support further development of the GP federation.

The CCG has ongoing programmes of work related to, and intended to maximise opportunities from, additional funding streams. Examples include on-line consultation software and estates and technology developments.

Priority next steps include:

Service provision & development

- Strategy to enable sustainability and delivery at scale.
- Progress opportunities to test and refine working with Federation.
- Relaunch working group to agree and oversee primary care service development workplan.
- Implement plans to deliver extended access.

Workforce

- Continue to support implementation of High Impact Actions to release Time to Care.
- Support practices to work collaboratively to introduce wider workforce roles.
- Engage with practices to ensure consistent awareness of current and future workforce issues and progress potential solutions.

Workload

- Take opportunities to reduce bureaucracy and promote collaboration to “do things once”.

- Work with practices to assist patients in managing a greater proportion of minor self-limiting illnesses for themselves.

Infrastructure

- Progress existing priority estate schemes and exploit emerging opportunities.
- Continue to deliver against Local Digital Roadmap for Kirklees, ensuring practice engagement to maximise benefit and take-up of specific solutions.

4. Progress in North Kirklees

The CCG is managing both implementation of the local Primary Care Strategy, and the requirements of the national General Practice Forward View, within an overarching Primary Care Programme.

Key Achievements

Key achievements so far include:

- Support and progress of applications to the Estates & Technology Transformation Fund (ETTF). ETTF is just one of several programmes outlined in the General Practice Forward View aimed at supporting general practices across the country to increase capacity and transform care, focusing on investment, workforce, workload, practice infrastructure and care redesign. It is designed to accelerate investment in infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients. Funds will specifically be targeted at increasing capacity in primary care to enable better access to general practice, widen the range of care and its associated community amenities, implement new technologies and help to reduce unnecessary demands on urgent care services. The CCG supported 9 applications, 8 of which progressed to the next stage and 2 of which have received funding to date.
- As part of the ETTF scheme the CCG supported the submission of a technology bid which included 12 practices which will enable practices to work together and differently by utilising new technology such as laptops and E-Consultation screens. The scheme was initially aimed at being implemented in 2017/18 but we secured partial funding of £37,548 in 2016/17 and were able to implement the service then.
- Supporting the development and sustainability of the GP Federation. Curo Health Ltd is a GP Federation which was created to enhance the delivery of health and care services to our local population. All 27 of the GP practices across North Kirklees are members of Curo and therefore they cover 100% of the 191,500 population of North Kirklees. Curo believe that community based services which are high quality, consistent and joined up must be the solution to many of the pressures on today's NHS and that General Practice is ideally placed to lead this community based provision. North Kirklees CCG has commissioned some services from Curo including the management of our Quality Access scheme (QAS) which aims to enhance patient access to primary care services.
- The Primary Care Quality Access Scheme (QAS) is an enabler to roll out the Clinical Threshold Management approach; through the scheme, practices are required to improve access for patients by increasing the capacity for routine and urgent appointments outside of core GP hours. For 2017/18 we have 25 of our 27 practices signed up and as a result we are delivering 94 hours a week of additional primary care appointments over and above the provision provided through the NHS England commissioned extended hours DES.
- We are ensuring a consistent approach to referrals through peer review on 6 identified pathway areas. The information is reviewed by practices and then shared and discussed at

cluster meetings. Through the clusters practices participate in pathway development and adhere to locally developed pathways and processes in order to improve quality and reduce variation in activity.

- Practices are also working towards achieving targets above the aims stated in the national GP contract with regard to E-Consultation, E-Referral, EPS2 and Ordering Prescriptions online and reducing ordering of medication via third parties.
- Implementation of OSCAR. OSCAR which stands for Online Support and Clinical Advice Resource was launched in May 2017. OSCAR is a locally developed website that will provide a central fixed point that hosts all care pathways, clinical guidance and commissioning policies across NHS North Kirklees and NHS Wakefield CCGs. OSCAR is an open website that requires no log in and can be accessed by all at <https://my-oscar.nhs.uk/> It aims to:
 - Support clinical decision making at the point of care
 - To provide easy access to clear, concise evidence based clinical guidance
 - To ensure the patient receives quality health care at the right place, first time
 - To reduce variation, improve patient safety and support quality outcomes
 - To support the alignment of planned care across the two CCGs
 - To provide a resource that supports 'The Referral Support System Approach'
- Completion of the GP improvement leaders programme. A small cohort of a Practice Manager, Federation and CCG employees completed this programme in early 2017. We also have 6 practices attending the next programme scheduled in April 2018. The GP Improvement Leaders programme enables personal development on how to deliver change and engage people in the process, allows practices to build local capability and apply new skills and knowledge to support own practice and wider local area in achieving its goals. It also has the potential to accelerate change locally by working on a chosen improvement project focused around one of the 10 High Impact Actions for general practice and encourages learning alongside others from general practice and become part of a wider improver's network.

Investment

Planned investment in primary care is summarised in Appendix C. This includes the allocation of £3 per head from core CCG funding to invest in supporting the sustainability of primary care. The investment is budgeted for 2018/19 and utilisation will include developing infrastructure to deliver at-scale. The CCG is working with Curo GP Federation on how benefits from this investment can be maximised.

Additional funding will be made available to the CCG from 2018/19 onwards to deliver improved patient access through the NHS England Extended Access scheme. This will include routine and same day appointments and evenings and weekends to meet locally-determined demand. Further patient engagement to support the development of the model will commence on 25th September and run until late November 2017. This will be delivered in partnership with Greater Huddersfield CCG.

NKCCG ensured every practice was offered the opportunity to apply for resilience funding in December 2016, with further bids in June 2017. The successful bids supported by NHSE include CCG-wide capacity & demand audit carried out via the GP federation and scoping and trial of a prescribing hub.

The CCG has ongoing programmes of work related to, and intended to maximise opportunities from, additional funding streams. Examples include on-line consultation software and estates and technology developments.

Priority next steps

Implementation of the Primary Care Programme is a strategic priority for the CCG and the work will continue at pace.

5. Implications for the overall Health and Social Care system

As many people's first point of contact with the NHS, around 90% of patient interaction is with primary care services.

The ability of primary care services to provide a holistic and high quality service for patients is highly interdependent with other services on which patients (and their carers and families) also depend.

Key areas where the support of the wider health and social care community are particularly critical to success include:

- The need to attract and retain people (clinicians and non-clinicians) to work in Kirklees.
- Increasing public awareness and support for changing models of care. For example willingness to see a healthcare professional other than a GP if appropriate.
- Enabling professionals to spend more of their time directly caring for patients by streamlining processes between organisations.
- Ensuring provision of care is consistent and equitable across the Kirklees population through clear and shared understanding of, and appropriate signposting to, the full range health and social care services available to Kirklees residents.
- Consistent and sustained support to help patients to manage a greater proportion of minor self-limiting illnesses for themselves.

Appendix A: Greater Huddersfield Primary Care Programme objectives

Investment

To plan and oversee investment in primary care, to:

- Develop and support primary care workforce
- Tackle workload
- Deliver care redesign, including working at scale
- Improve access
- Support infrastructure
- Ensure sustainability

Workforce

- To have in place training, skills development and career progression, for all roles, upskilling throughout primary care teams.
- Retain existing staff and attract new members of staff.
- Work collaboratively across Greater Huddersfield (between practices and with other partners)
- Develop new ways of working and new roles within primary care

Workload

- Embed within our community an ethos of self-management and responsibility for effective use of resources.
- Reduce bureaucracy
- Increase efficiency, resilience and sustainability through collaborative working

Infrastructure

- Create a primary care estate which is fit for the future, geographically coherent and efficiently-funded.
- Greater use of technology to enhance patient care and experience, and to allow primary care clinicians to work more efficiently and effectively.

Care redesign

- Strengthen and redesign general practice, improving access (bookable and same-day) in-hours and out of hours, and improving sustainability.
- Support working at scale
- Free up GP time.

To implement Core, Core Plus and Advanced primary care offers.

- (Core Offer): Access to, and provision of, high quality general practice services to every patient registered with a practice in Greater Huddersfield.
- (Core Plus Offer): Patients in Greater Huddersfield will have equitable access to a range of additional services. This may be delivered in collaboration with other providers.
- (Advanced Offer): Patients in Greater Huddersfield will have access to a wide-range of services (currently delivered in secondary care) closer to home in a primary care setting.

Appendix B: Summary of planned primary care 5 year spending: Greater Huddersfield

	16/17	17/18	18/19	19/20	20/21
Commissioning Schemes	£326k	£186k	£186k	£186k	£186k
Local Enhanced Services (subject to review)	£482k	£482k	£482k	£482k	£482k
Primary Care IT	£636k	£636k	£636k	£636k	£636k
Delegated co-commissioning	£31,097k	£31,669k	£32,281k	£33,217k	£34,579k
Additional Investment from core CCG funds	£0	£245k	£490k	£0	£0
Vanguard funding	£144k	£0	£0	£0	£0
Extended Access	£0	£0	£821k	£1,500k	£1,500k
GP Forward View funding					
Care Navigator/Medical Assistant training	£21k	£43k	£43k	TBC	TBC
On-line consultations	0	£64k	£85k	TBC	TBC
Retained GP scheme	£19k	£19k	£19k	£0	£0
GP Resilience	£46k	Subject to bids			
Estate & Technology Transformation Fund	Subject to bids				
Practice Manager development (details to be announced)	TBC	TBC	TBC	TBC	TBC

Subject to annual review and confirmation, and flex between areas to deliver national and local requirements.

Appendix C: North Kirklees planned investment in primary care

2016 / 17	
Quality Access Scheme - Curo Health Ltd	£774,190
Practice Support	£21,000
Care Coordinators	£124,500
Phlebotomy	£233,854
24 Hour Ambulatory Blood Pressure Monitoring	£71,096
Basket of Procedures	£204,727
Diabetes-Insulin	£46,000
Reception and care navigators training	£16,568
2017 /18	
Quality Access Scheme - Curo Health Ltd	£931,123
Practice Support	£21,000
Phlebotomy	£238,858
24 Hour Ambulatory Blood Pressure Monitoring	£72,617
Basket of Procedures	£209,108
Diabetes-Insulin	£46,984
Reception and care navigators training	£33,116
Online general practice consultation software systems	£49,673
2018 / 19	
Improving Access	647,664
Reception and care navigators training	£33,095
CCG allocations to support new ways of working	£577,936
Online general practice consultation software systems	£66,190
PMS Money (<i>Awaiting decision and governance on how this money will be invested</i>)	£906,440
2019/20	
Improving Access	£1,171,052
Reception and care navigators training	£33,081
Online general practice consultation software systems	£33,081
PMS Money (<i>Awaiting decision and governance on how this money will be invested</i>)	£892,234
2020/21	
Reception and care navigators training	£33,063
PMS Money (<i>Awaiting decision and governance on how this money will be invested</i>)	£877,562
Additional monies held by NHS England	
<ul style="list-style-type: none"> • GP resilience monies - £690K WY&H in 16/17. Further funding in 17/18 and 18/19 • Vulnerable practice funding • Estates, Technology and Transformation Funding • Transformation funding £290K across WY&H used by NHSE (10 high impact changes) 	