

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	30 January 2020
TITLE OF PAPER:	Update on the Primary Care Networks Development Programme
1. Purpose of paper	<p>The Health and Wellbeing Board has requested regular updates on the system wide development of Primary Care Networks (PCNs) in Kirklees.</p> <p>This paper summarises the progression made since the last update to the board September 2019 in the continued establishment of the nine PCNs across Kirklees.</p> <p>The paper describes progress made, since the last update to the board September 2019, against national requirements, summarises the support provided to PCNs and provides assurance of the delivery of the work programme.</p>
2. Background	<p>2.1 National Policy and Guidance</p> <p>The NHS Long Term Plan (LTP) published in January 2019, is a plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years. The LTP continues to promote the prominence and importance that Primary Care Networks (PCNs) have in the NHS strategic direction.</p> <p>On 31 January 2019, NHS England and the British Medical Association’s General Practitioners Committee published a five-year GP (General Medical Services) contract framework from 2019/20. The new contract framework marked some of the biggest General Practice contract changes in over a decade. It aimed to ensure that every General Practice plays a leading role in a PCN which will include bigger teams of primary care professionals working together in local communities.</p> <p>The principles of integration and closer working between Health and Social Care in these key NHS policy documents very much reinforce the way in which Kirklees had commenced the journey locally and are in alignment with the Kirklees Health and Wellbeing Plan 2018-2023 as well as the Primary Care Strategy documents for both CCGs.</p> <p>This paper sets out the achievements of key programme milestones and describes the deployment of resources to support the continued maturity growth and mobilisation of the PCNs.</p>
3 Kirklees Primary Care Networks update overview	<p>3..1 Final registration documentation was submitted by the nine Kirklees PCNs and approved on the 30 June 2019 through relevant Kirklees governance structures. NHS England, in turn, confirmed full registration of all nine Kirklees networks.</p> <p>3..2 As part of the authorisation of the network registration Clinical Directors in Kirklees were confirmed and commenced in their roles as of July 2019. Since the last updated report to this Board, unfortunately we received the resignation of the Viaducts Care Network Clinical Director*, who in turn was replaced following a formal PCN election and registration process; the current PCN Clinical Directors in post are confirmed as follows in figure 1</p>

below:

Figure 1 – Clinical Directors in Kirklees PCNs

Primary Care Network	Clinical Director
Dewsbury & Thornhill Network	Dr Indira Kasibhatla
Three Centres Network	Dr M Hussain
Batley & Birstall Network	Dr C Ratcliffe
SHAWN Network	Dr Imad Riaz
The Valleys Health and Social Care Network	Dr Dilshad Ashraf
The Mast Primary Care Network	Dr Louise James
*Viaducts Care Network	*Dr Sajid Nazir
Greenwood Network	Dr Jane Ford
Tolson Care Partnership	Dr Sarah Milligan

- 3..3 All nine PCNs continue to meet on a monthly basis, with Networks maturing in different areas of their development at varying paces.
- 3..4 A majority of the Networks have developed management teams to direct the work beginning to be identified and driven through the PCNs.
- 3..5 Membership of the networks still vary greatly, however significant progression has been made with increasing levels of inclusion of 'non GP practice' primary care providers from across the system.
- 3..6 The Integrated Provider Board (IPB) continues to be the most appropriate mechanism to ensure that a system and partnership led approach can be achieved in Kirklees. IPB continue to develop the best mechanism to ensure the Clinical Directors are represented within the board aiming to develop a strong relationship between 'Kirklees' and network level partnership delivery; further enabling PCNs to inform and be informed by system level strategies.
- 3..7 The Local Authority and Locala were identified very early into the PCN development journey as key partners in enabling PCNs to deliver their nationally set criteria, but also to ensure Kirklees approach was beginning to develop. With this in mind the CCG have provided funding to enable each of these organisations to recruit into a temporary role that aims to offer a level of coordination and progression from their own organisational perspectives.
- 3..8 Each organisation has now recruited into these roles and connections are beginning to develop.
- 3..9 A non recurrent '**Start up package**' of support, described in previous board papers, has been provided to the directly PCNs. The priority areas resourced through the package included:
- **ICT infrastructure start up**
 - **Additional Clinical Director Session**
 - **PCN Additional Management Support**
 - **Dedicated PCN Nurse support**
 - **Legal Support**
 - **Support at Scale**

- 3..10 The package utilised non recurrent funding and was therefore provided with the expectation that any ongoing costs would be met and managed by the individual PCN.
- 3..11 The implementation of this package of support has since enabled:
- **Regular (monthly) CCG engagement with the nine Clinical Directors and their mgt. support**
 - **Work with the two GP federations, to explore models of supporting the PCNs at scale**
 - **Additional capacity to support the Clinical Directors and the operational asks of the PCNs**
 - **Encouraged increases in Nurse involvement across the PCNs**
 - **Provided formal Legal advice to the PCNs**
- 3..12 These developmental areas have proven to be instrumental, especially with regards to enabling frequent engagements and integration with the PCN leadership teams. In turn the levels of collaboration between PCNs both within their CCG boundary groups but also across the nine Kirklees PCNs, reflected recently within their PCN development plan spending plans, discussed later in this report.

4 Primary Care Network Maturity Matrix and Development Plans

On the 14 August 2019, NHSE released their PCN Development Support Guidance and Prospectus; this included a refreshed PCN Maturity Matrix and an excel tool to help PCNs understand their development needs. The PCNs were expected to completed and return their submissions by the 20th September. All PCNs met this deadline.

The matrix (as illustrated below) was set out as a table of components for the development of PCNs and was organised as follows:

- Five rows which organise the components into the following developmental areas;
 - **Leadership, planning and partnerships**
 - **Use of data and population health management**
 - **Integrating care**
 - **Managing resources**
 - **Working in partnership with people and communities**
- Four columns showing a development journey over time –organised into ‘Foundation’, Step 1, Step 2 and Step 3, each subdivided into areas outlining core components that underpin the successful development of networks.

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	Foundation	Step 1	Step 2	Step 3
Leadership, planning and partnerships Prospectus, Domain, Leadership, CO, Change management, CO leadership	For PCNs: - There is a plan in place articulating a clear vision for the Network and steps to getting there, including actions that will be taken to build within the Network to build the plan. - GPs, local primary care leaders, local people and community organisations, voluntary sector and other stakeholders, believe in the vision and the plan to get there. The vision and plan should be inclusive of all local partner organisations that will be working together across the network and neighbourhoods to build the plan. For Systems: - Systems are actively supporting GP practices and wider providers to start establishing networks and integrated neighbourhood plans of working and have identified resources (people and funding) to support PCN development. - Systems have identified local approaches and teams to support PCN Clinical Directors with the establishment and development of networks and for clinical directors in their new roles.	For PCNs: - The member organisations within the network have an agreed shared development plan. - Joint planning is underway to ensure that the network is able to deliver the full range of Integrated services as well as the existing services as well as the developing arrangements for PCNs to collaborate for services. - The network is operating as per the PCN set size. - There are local arrangements in place for PCNs (for example through PCN Clinical Directors) to be involved in system strategic decision-making that both supports collaboration across services including NHS Trusts/FTs and local authorities. These arrangements should reflect the local multi-agency nature of networks. For Systems: - Systems should enable primary care providers to have a seat at the table for system strategic decision-making. - As set out in the LTP, there is a system led strategy for PCN development to transfer from funding and support model available for PCN development. - System leaders support PCN Clinical Directors to share learning and support PCN development.	For PCNs: - PCNs have established an approach to strategic and operational decision-making that is inclusive of providers operating within the network footprint and delivery network services. There are local governance arrangements in place within networks to support integrated partnership working. - The PCN Clinical Director is working with the ICS leadership to share learning and work collaboratively to support other PCNs. For Systems: - Primary care is enabled to play an active role in system strategic and operational decision-making, for example through the Emergency Care Mechanisms in place to ensure effective representation of all PCNs at system level. - PCN Clinical Directors work with the ICS/ST leadership to share learning and work collaboratively to support other PCNs.	For PCNs: - PCN leaders are fully participating in the decision making of the ICS leadership team. For Systems: - Primary care providers are full decision making members of the ICS leadership with appropriate representation at the system and place levels, working in tandem with other partners to allocate resources and deliver care.
Use of data and population health management Prospectus, Domain, Population Health Management	For PCNs: - PCNs are considering how they will build their approach to population health management, including the potential PHM infrastructure and intelligence they will require. For Systems: - Efforts are in place to develop the PHM in PCNs including facilitating access to data, developing information governance and providing analytical support.	For PCNs: - Analysis on variation in outcomes and resource use between practices and PCNs is readily available and shared. - Basic population segmentation is in place, with understanding of needs of key groups, their needs and their resources. This would enable networks to introduce targeted interventions, which may be highly targeted on priority population cohorts. - Soft intelligence about priority groups is utilised in planning of where formal data and intelligence is less available. For Systems: - Basic data sharing and information governance arrangements have been established that supports PCNs with implementation of PHM approaches. - Support is provided to PCNs around data and analysis of variation in outcomes and resource use. - Common population definitions are developed across different levels of the system.	For PCNs: - All primary care clinicians can access information to guide decision making, including risk stratification to identify patients for proactive interventions, IT enabled access to shared records, and information interactions with the system. - Functioning interoperability within networks, including need for access to records, sharing of some staff and estate. For Systems: - There is a 'data and digital' infrastructure in place to enable a level of interoperability within and across PCNs, including an emphasis on the availability of shared care records. - PCNs are provided with more local strategic data and insight, to risk stratify patients to support identification of high risk patients and deliver proactive interventions.	For PCNs: - Systematic population health analysis allows PCNs to understand in depth their population needs and design interventions to meet them, acting as early as possible to keep people well. PHM population health model fully functioning for all patient cohorts. - The Network has embedded PHM approaches and use of real-time data to enable integrated care team case management across all population cohorts. For Systems: - Full interoperability is in place across network partners, including shared care records and system partners work with PCNs to design care models and interventions based on evidence to target priority patient groups and implementation plans.

NHS England and NHS Improvement

N.B. This is a screenshot for illustrative purposes.

4.1 Purpose of the maturity matrix

The matrix was to be **developed and tailored to meet local circumstances** and was designed to support system and network leaders, working in collaboration with their commissioners and other local leaders within neighbourhoods, to work together to:

- Identify where PCNs are now in their journey of development –and how PCNs can build on existing improvements such as those that may have been enabled by the GP Forward View and other local integration initiatives.
- Develop plans for further development –that help networks to continue to expand integrated care and approaches to population health.
- Identify support needs –using the PCN Development Support Prospectus as a guide for framing support plans and coming together to form links with their new team.

All PCNs submitted their completed Matrix and associated development plans on time. In order to facilitate a balanced view within the submission, system partner organisations were also given the opportunity to provide feedback into the matrix submissions.

It is recognised that although have progressed significantly since their inception 7 months ago, the Kirklees PCNs remain at varied stages of development and maturity; with many PCNs already collaborating with partners across sectors on transformation schemes and initiatives, yet a number focussing on ensuring the correct infrastructures are in place. On further analysis it was apparent that although the maturity levels were varied against stated core components in the matrix; all nine PCNs placed themselves at the 'foundation stage' of the maturity matrix within their final submissions.

On 25 October 2019 the allocation of the PCN Development Support Funding and Principles for spend were communicated from the West Yorkshire and Harrogate Health and Care Partnership

(WY&H) directly to the Clinical Directors. The development support offer is both for CD Personal Development and PCN wider development.

The funding offer received, linking to the Prospectus, was split into two categories of funding;

1. Funding to **support the personal development of Clinical Directors**
 - a. £3,500 is allocated to each PCN
2. Funding to **support the development of the PCN.**
 - a. £32,000 is to be indicatively allocated to each PCN

In relation to both categories of the funding (CD and PCN Development), PCNs were encouraged to actively consider whether there are opportunities for them to work together, share support where there are similar needs and if it could offer better value for money to secure support collectively. Their submissions were required to provide direct correlation to their previously submitted development plans, highlighting to specific developmental areas that they intended to work upon, both for the CD and the PCN.

As demonstrated in figure 2 below; on aggregate priorities seem to be uniformly distributed between stated 'developmental priority areas' (except for Integrating Care).

Integrating care is not a stated a priority for any of the PCNs in Greater Huddersfield, with some of the North Kirklees PCNs focusing on Integrating Care and Population Health Management. All nine PCNs are consistently directing their Clinical Director funding towards the same two maturity areas:

- **Leadership, Planning and Partnerships**
- **Managing Resources**

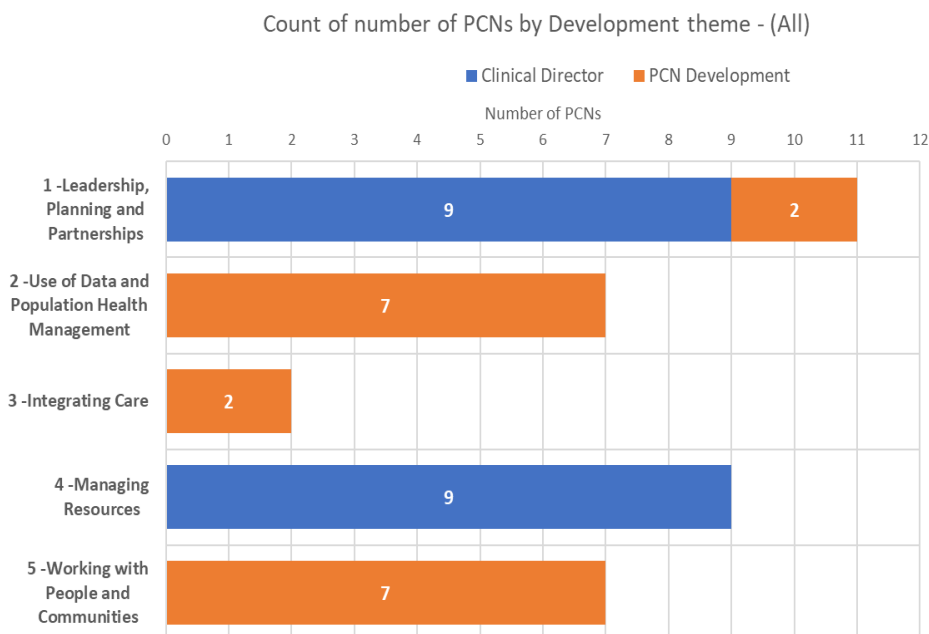


Figure 2 – Stated Priority areas for maturity measurement

Both the Greater Huddersfield and North Kirklees PCNs have requested to pool funding to recruit into a 'Development Manager' for each area (CCG area) to coordinate and manage the

implementation of their development plans; to provide 'Specialist support for development of robust governance structure'

The Greater Huddersfield PCNs have requested to allocate and pool funding for further Legal support, this will be over and above the exiting local Legal Support offer. In turn, 2 of 4 North Kirklees are looking to fund access to additional Human Resources Support: Basic Employment Law, contracting and procurement.

All 9 PCNs are consistently targeting a proportion of their funding towards developing their engagement with the Public, Patients and wider stakeholder groups. This includes the development of Network Patient Reference Groups and holding community engagement events,

Other areas proposed included:

- **Population Health Management**
- **Developing Practice teams, including leading transformational change**
- **Specific project areas such as; Childhood Obesity, and Enhancing Diabetes Care**
- **Development of Marketing material including website development**
- **Developing PCN Leadership teams, including leading transformational change**
- **Producing development plans related to their Data and Intelligence packs /Population health Management**
- **Estates mapping audits**

As of 9 January 2020, all spending plans have been approved with NHSE regional leads commending the plans due to their evident 'PCN collaboration'.

4.3 Kirklees Primary Care Network Programme

The PCN development programme is multi-faceted with a range of specified areas that all PCNs and systems nationally are required to focus resources on over the coming years;

- **Recruitment of New PCN Roles**
- **Implementation of 7 national Specifications**
- **Developing and integrating the roles of Clinical Directors**
- **Development plans against the 5 Maturity Matrix themes**

In order to support this, the PCN programme structure has recently been revised to ensure it reflect the needs of the PCNs, utilises system resource and further enables the PCNs to deliver against their Network Contract Des;

Appendix 1 further demonstrates not only the complexity of the system that that the newly formed PCNs and their Clinical Directors are expected to be integrated into, but also begins to define a process in which PCNs can be represented and information can begin to flow between each level of the system.

From July 2019 all PCN were able to recruit into two new PCN roles:

- **Social Prescribing Link Worker (SPLW)**
- **Clinical Pharmacy (CP)**

A delivery model developed by the local authority has enabled **all nine PCNs** across Kirklees to recruit and deliver their social prescribing link workers from October 2019.

Clinical Pharmacy has not been provided in the same manner as the SPLW model, therefore creating a mixed approach across North Kirklees and Greater Huddersfield PCNs. **5 of the 9 PCNs have recruited** into this role, with all four PCNs in North Kirklees fully recruited, via third parties. Greater Huddersfield PCNs are currently developing a plan and exploring potential options to utilise the funding available for their additional roles. North Kirklees CCG was the only CCG across the ICS partnership to have fully recruited into all of their available roles, further demonstrating the complexities behind this element of the contract.

From April 2020 PCNs will be able to recruit incrementally from a choice roles (for which the Job Specifications are available) within a maximum budget they are allocated; to support delivery of the Network Contract DES requirements as follows:

From April 2020

- **Clinical pharmacists**
- **Social Prescribing Link Workers**
- **Physician Associates**
- **Physiotherapists**

From April 2021

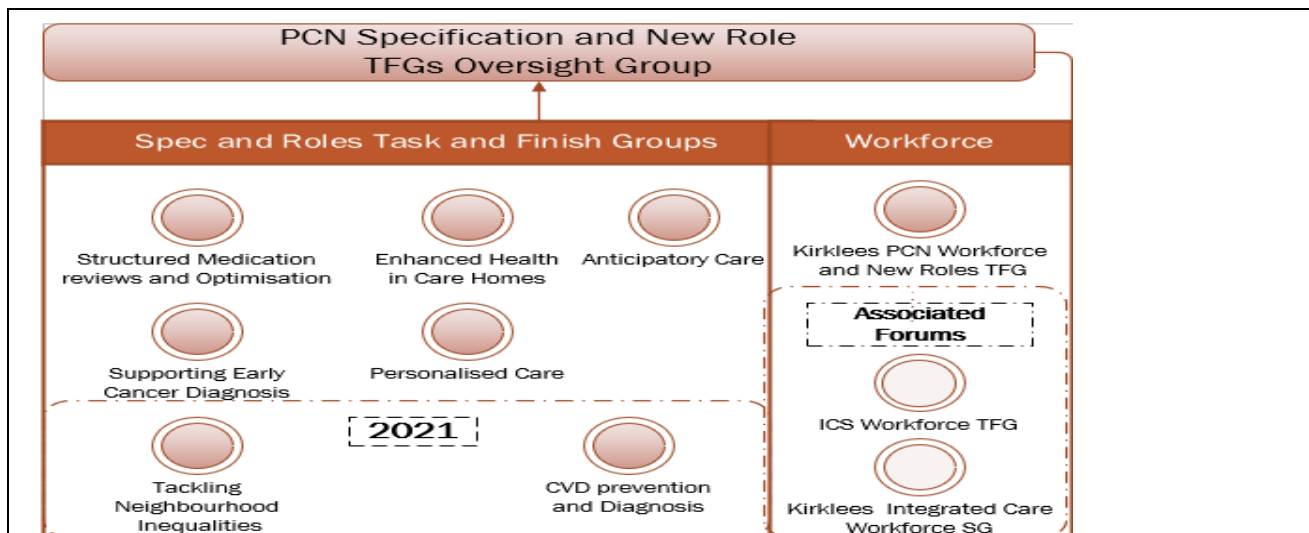
- **Paramedics**

It is becoming evident that providers, the federations and the PCNs themselves are beginning to explore potential models available to them in terms of recruitment into these roles. Following discussions with some of the Clinical Directors, discussions are well underway to ensure a coordinated Kirklees approach is taken to workforce recruitment going forward in turn reducing the destabilisation of sections of the system,; thus requiring significant engagement with existing and potential providers.

4.4 Implementation of 7 national Specifications

On the 23rd December 2019 NHSE/I released 5 draft specifications for consultation. The consultation closed on 15th January 2020. The draft specifications have not been received positively nationally, and we are awaiting formal communications as to next steps. It is intended that the specifications will be in place and delivery will commence from 1st April 2020.

The PCN programme have put in place a number of Task and Finish groups to focus on the specification areas across Kirklees. The groups aim to provide a coordinated approach to support the Networks in understanding the potential requirements that may be placed upon them, what they may need to put in place; in turn understanding their current position and identifying any potential gaps. Furthermore, it is likely that PCNs may not be able to deliver the requirements of the specifications in isolation of the wider system therefore inclusion of relevant stakeholders in this element of the programme is vital to its success.



The newly formed ‘**PCN Specifications and New roles TFG Oversight Group**’ has a wide cross organisational membership. The oversight group works with the TFG leads to ensure the TFGs develop at pace; identifying resources and removing any identified blockages ensuring momentum is maintained, offer a level of coordination, link back into relevant organisations, removing identified barriers, identifying linkages across the programme, inclusive of workforce and make relevant recommendations.

It was further recognised that most of the areas identified within the Specifications are already under development developed, sitting within existing programme of work across the system. Recognising the need to reduce duplication and make the best use of resource, it was agreed, where appropriate, to add this focus piece of work into existing groups but to ensure that the specifications become a priority area of focus. Where this was not possible a new task and finish groups was to be assembled to enable this work to be driven forward at pace.

A relevant lead is assigned to each TFG to lead the project management. The leads were identified on the basis that their current work is related to the associated specification.

Initially there will be 5 task and Finish groups, each focusing on the initial 5 specifications (noted below). All of the proposed groups will be exploring issues such as workforce, BI, Contracts, Finance and existing programmes of work /resource. The Five Task and Finish group leads are currently as follows:

Specifications to be delivered from April 2020

- | | |
|---|-------------------------|
| • Structured Medications Reviews and Optimisation | Patrick Heaton |
| • Enhanced Health in Care Homes | Julie Oldroyd |
| • Anticipatory Care | Nicola Cochrane |
| • Supporting Early Cancer Diagnosis | Julie Honneybell |
| • Personalised Care | Rachel Milson |

Specifications to be introduced April 2021 (to be developed post April 2020)

- CVD Prevention and Diagnosis
- Tackling Neighbourhood Inequalities

Each task and finish group will have bespoke membership, to be determined by the associated

groups, but as a minimum will have a Project lead, CCG primary care team and PCN / Clinical representation. We have also shared this proposed approach with the Integrated Provider Board so as to gain wider involvement and support. This has received a positive response to date, with expressions of interests from range of parties inclusive of; third sector providers, acute trusts, federations and PCNs.

Each TFG are tasked to develop a clear understanding of the potential requirements that PCNs (and the wider system) may need to have in place in order to deliver against the anticipated Specifications. Our aim is to conclude these TFGs ahead of the Specification implantation, in order to ensure we are ready to respond and mobilise against the final national Specifications which have not yet been published but are required be delivered from April 2020.

4.5 Stakeholder Engagement and Partnership Approach

The CCG and partners have engaged with the PCNs during their development. More recently a specific session was delivered with the Clinical Directors to ascertain what their needs may be with regards to communications and engagements. This resulted in a series of documents being developed and shared across the PCNs to support these areas of work to develop further.

The tool kit provided some resources to support talking to their registered populations about primary care networks. Items include:

- A simple guide to communications.
- Handout/poster with some key information that can be shared with your patient participation groups, published on websites or on practice notice boards.
- List of primary care networks in each area that can be used with the handout/poster
- Q&A sheet that can be adapted and used as above.
- Format for PCN newsletter/information sheet to be adapted and used as you wish.

The pack further provided support tools and guidance with an overall aim to ensure PCNs were aware of relevant information inclusive of:

- Public participation' or 'engagement' is about including local people in decision-making
- 'Working in partnership with people and communities' means going further than involving people in 'one off' engagement or consultation exercises, and instead having an ongoing dialogue
- Aim to develop a 'business as usual' approach of working in partnership with the local community – ensuring that the views and experiences of local people influence all aspects of the design and delivery of care and services are co-created with people.

5. Financial Implications

Significant investment has been provided to the PCNs to support their development, this includes the core funding provided directly to PCNs:

- **£1.76/ registered patient – Practice Participation Fund**
- **Clinical director Funding - Equivalent 1 Day /week**
- **£1.50/head – Based upon PCN registered population size**
- **Role Reimbursement Funding – To be claim against newly recruited PCN staff**

- **£3,500 /Clinical Director – For Clinical Director Development**
- **£32,000 / PCN – PCN Development**

However, the CCG have also funded grant based funds over and above this core funding, as described within the previous updates. Primarily these funds were modelled and targeted towards, programme management, data analysis support and network establishment. It is anticipated that the Leadership meetings, supported by task and finish groups will continue to act as the driving mechanisms to accelerate the maturity and development of the PCNs across Kirklees

6. Sign off

Carol Mckenna – Chief Officer, Greater Huddersfield and North Kirklees CCGs

Steve Ollerton – Clinical Chair, Greater Huddersfield CCG

David Kelly – Clinical Chair, North Kirklees CCG

7. Next Steps

1. Continue with Programme Management approach to support the maturity growth and development of the Clinical Directors and PCNs
2. Continue the integration of PCNs into the wider system infrastructure, confirming roles and interrelationships between the strategic direction and operational aspects of the PCNs
3. To develop and implement a Kirklees agreed approach to Population Health Management ensuring resources are directed to the right sections on the populations the PCNs are serving.
4. Support the development and implementation of appropriate Communications and Engagement strategies suitable to the needs of the PCN populations
5. Prepare the PCNs and the wider system for the implications potentially set out within an new National Specifications

8. Recommendations

It is recommended that Health and Wellbeing Board:

1. Notes the achievement of key national milestones to register and establish nine Primary Care Networks in Kirklees.
2. Notes the support offered to Primary Care Networks to encourage and facilitate their development.

9. Contact Officer

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Appendix 1

Draft Primary Care Network Programme Structure - From a Clinical Directors Perspective

