

<b>Wednesday 15 March 2017</b>		<b>ITEM: 11</b>
<b>Thurrock Health and Wellbeing Board</b>		
<b>Primary Care Improvement and Delivery Group</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Yes	
<b>Report of:</b> Councillor James Halden, Portfolio Holder for Education and Health and Chair of Thurrock Health and Wellbeing Board		
<b>Accountable Head of Service:</b> N/A		
<b>Accountable Director:</b> Ian Wake, Director of Public Health		
<b>This report is Public</b>		

**Recommendation: To agree the establishment of the Primary Care Improvement and Delivery Group**

**1 Introduction and Background**

- 1.1 Thurrock is served by 33 GP practices, commissioned by NHS England. NHS Thurrock Clinical Commissioning Group (CCG) also has a small Primary Care Development Team that work with GP practices as a 'critical friend' to improve clinical quality and strategically manage the Primary Care future provider landscape. This involves very close working with Thurrock Council, other NHS providers and the third sector to deliver programmes such as the new Integrated Healthy Living Centres.
  
- 1.2 Thurrock CCG inherited a local GP provider landscape from NHS South Essex PCT that is facing significant challenge. Thurrock has the fourth most 'under-doctored' CCG population in the country. In 2014/15 the average number of patients per FTE GP in England was 1321, whilst in Thurrock it was 2072. Levels of under-doctoring in Thurrock are not evenly distributed between different GP practice populations. All but four GP practices have levels of under-doctoring that are worse than the England average. The most under-doctored practice has a ratio of patients:FTE GP that is over five times the England average. Furthermore, analyses by Public Health identified a strong positive correlation between levels of under-doctoring at GP practice population level, and levels of deprivation. As such, practice populations with the highest levels of morbidity and mortality are likely to be the worst served in terms adequate numbers of GPs.
  
- 1.3 The Care Quality Commission CQC is an independent regulator of health and social care providers in England. Its responsibilities include regularly

inspecting and rating services provided by GP practices. A new system of inspection and regulation was introduced in 2015 which provided an overall rating of “*Excellent*”, “*Good*”, “*Requires Improvement*” or “*Inadequate*” based on five domains relating to whether the practice is safe, effective, caring, responsive and well-led. To date 20 GP practices have been inspected by the CQC in Thurrock. Of these 10 received an overall CQC rating of “*Good*”, five of “*Requires Improvement*” and five of “*Inadequate*”. A full list of Thurrock GP Practices and their latest CQC rating is shown in Appendix A

- 1.4 Analyses contained within the 2016 Annual Report of The Director of Public Health identified an unacceptable level of variation in some indicators relating to the clinical quality of Primary Care in Thurrock, particularly relating to the management of Long Term Conditions.
- 1.5 In his paper to Cabinet on 12 October 2016, The Cabinet Portfolio Holder set out his determination to deliver strong political leadership across the Primary Care landscape, in conjunction with key partners including NHS Thurrock CCG and NHS England, to improve the capacity and quality of Primary Care provision in Thurrock. Specific measures included development and implementation of a GP Long Terms Condition Management Card and Development of Patient Participation Groups to act as a ‘critical friend’ to GP Practices to drive up standards, in the same way that Governing Bodies have successfully done so with our local schools and Academies. Both of these programmes of work are now underway and are being led by Public Health and Thurrock Healthwatch.
- 1.6 Since agreement of the Portfolio Holder’s proposals by Cabinet, the Thurrock Director of Public Health Report considered how best to make the Health and Adult Social Care System within Thurrock sustainable. The report made a series of detailed recommendations that included the need to:
  - Address capacity issues within GP practices, through implementation of a mixed skilled workforce
  - Improve “case finding” of patients with undiagnosed hypertension, Coronary Heart Disease, Stroke/TIA and Diabetes
  - Improve the clinical quality and address the variation in clinical practice between different GP practices in terms of their management of patients already diagnosed with Long Term Conditions
  - Improve and address the variation in referral rates between GP practices and Long Term Conditions Management Clinics provided by North East London Foundation Trust (NELFT).
  - Reduce potentially avoidable A&E attendances by patients presenting with minor clinical conditions that could and should be treated in more appropriate clinical settings.

1.7 The report, together with previous Joint Strategic Needs Assessment Locality Needs Assessments for Tilbury and Purfleet/South Ockendon, clearly demonstrate that the current Primary Care provider landscape of large numbers of single handed GP practices is not fit for purpose in the 21<sup>st</sup> Century if we are to face rising demands on the health and social care system caused by demographic changes and medical advancements that are resulting in a population that is ageing but increasingly living with multiple long term conditions. They demonstrate that by developing new models of integrated primary, community, mental health and social care, together with enhanced diagnostic capability and hospital out-patient clinics we can improve population health, increase GP resilience and deliver system savings. The GP NHS Five Year Forward View suggests that GP practice resilience can be increased if practices are responsible for larger list sizes and employ a greater number of clinical staff. Locally, GP practices such as Hassengate are more resilient to staffing, operational and financial challenges than smaller single handed GP practices with small list sizes and fewer clinical staff. **In short we need fewer buildings housing larger, more sophisticated and integrated services, caring for larger list sizes of patients.**

1.8 NHS Thurrock CCG has had a Primary Care Development Team in place over 12 months. The team has made significant progress in working with and turning around failing GP surgeries. The Director of Public Health has recently jointly appointed two Healthcare Public Health Programme Managers with the CCG to boost capacity of the Primary Care Development Team as a further practical resource to embed the best practice set out in the Annual Public Health Report and Cabinet Paper of The Portfolio Holder for Education and Health within individual GP surgeries. Their work plan is currently being finalised.

## 2 Membership of Primary Care Improvement and Delivery Group

Name	Title
Cllr. J. Halden	Cabinet Portfolio Holder, Education and Health
Roger Harris	Corporate Director of Adults, Housing and Health – Thurrock Council
Ian Wake	Director of Public Health, Thurrock Council
Mandy Ansell	Accountable Officer – NHS Thurrock CCG
Jeanette Hucey	Director of Transformation – NHS Thurrock CCG
Rahul Chaudhari	Head of Primary Care Development – NHS Thurrock CCG
Kim James	Chief Operating Officer – Thurrock Healthwatch

Other officers will be invited to attend the Delivery Group as necessary e.g. from BTUH, NELFT and SEPT.

## **Goals:**

1. To act as a joint strategic delivery group between Council and CCG Chief/Senior Officers and The Cabinet Portfolio Holder for Education and Health, with regard to improving clinical capacity and standards within Primary Care in Thurrock and address clinical variation
2. To improve integration between Primary and Community Care and other elements of the Health and Social Care System

## **Key Functions and Deliverables of the Delivery Group**

1. To receive intelligence from the Long Term Conditions Management Score Care and other relevant data sets, provide strategic input on plans to address clinical variation, share best practice and drive up standards, and to monitor progress on improvement
2. To receive progress reports on implementation of the recommendations made within the Annual Public Health Report and the specific programmes of work currently being developed as referenced in section 1.5.
3. To provide strategic leadership and oversight of the work plan of the Primary Care Development Team, with particular focus on the work of the two Healthcare Public Health Programme Managers
4. To provide strategic leadership and oversight of the programme of work to develop Patient Participation Groups, as set out in the Cabinet Report of the Portfolio Holder for Education and Health.
5. To provide strategic leadership and oversight on the work programme to improve up take up Learning Disability Health checks in Primary Care
6. To receive progress reports on the work to develop an Accountable Care Organisation in Tilbury that aims to deliver integrated working between Primary, secondary, mental health, community and adult social care and provide strategic input and leadership where necessary
7. To consider strategic opportunities for 'bundling' and re-tendering of GP contracts to create larger list sizes as when they become available in order to create large more resilient GP practices, and make recommendations to NHS England.
8. To provide update reports to the Cabinet Portfolio Holder for Education and Health on progress to deliver the four proposed Integrated Healthy Living Centres, and obtain political input and leadership.
9. To consider the potential and opportunities that a co-commissioning of Primary Care between NHS Thurrock CCG, supported by Thurrock Council

Public Health and NHS England may bring to the local health and social care economy.

### **3. Governance**

3.1 The Delivery Group will be chaired by The Cabinet Portfolio Holder for Education and Health, and act as the Delivery Arm for the Thurrock Joint Health and Wellbeing Board.

3.2 The Delivery Group will produce bi-annual reports to the Thurrock Health and Wellbeing Board to be approved in advance by Delivery Group Members. However given the potentially commercially sensitive information received by the Delivery Group (for example relating to G.P. provider contracts, the Delivery Group will not be a formal sub-committee of the Thurrock Health and Wellbeing Board.

3.3 It should be noted that responsibility for contracting with individual GP practices rests with NHS England. Responsibility for commissioning NHS community service providers rests with the Board of NHS Thurrock CCG. As such the function of the delivery group is to act in an advisory and lobbying position to these two organisations with regard to NHS Primary and Community care commissioning.

### **4. Meeting Schedule**

4.1 Meetings will be held bi-monthly.

### **5. Implications**

#### **Financial**

Finances for the Delivery Group will be agreed on an ad hoc basis from within existing budgets. E.g. equipment, materials, rooms, funds available to support events and communications.

Implications verified by: **Roger Harris, Corporate Director Adults Housing and Health**

#### **Legal**

None identified

Implications verified by: **Roger Harris, Corporate Director Adults Housing and Health**

#### **Diversity and Equality**

These are covered within the Terms of Reference for the Delivery Group

Implications verified by: **Roger Harris, Corporate Director Adults Housing and Health**

**Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None