

Public Document Pack

Southend-on-Sea Borough Council

Legal & Democratic Services

Strategic Director: John Williams

📍 Civic Centre, Victoria Avenue, Southend-on-Sea, Essex SS2 6ER

☎ 01702 215000

🌐 www.southend.gov.uk

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19 September 2019

HEALTH & WELLBEING BOARD - WEDNESDAY, 18TH SEPTEMBER, 2019

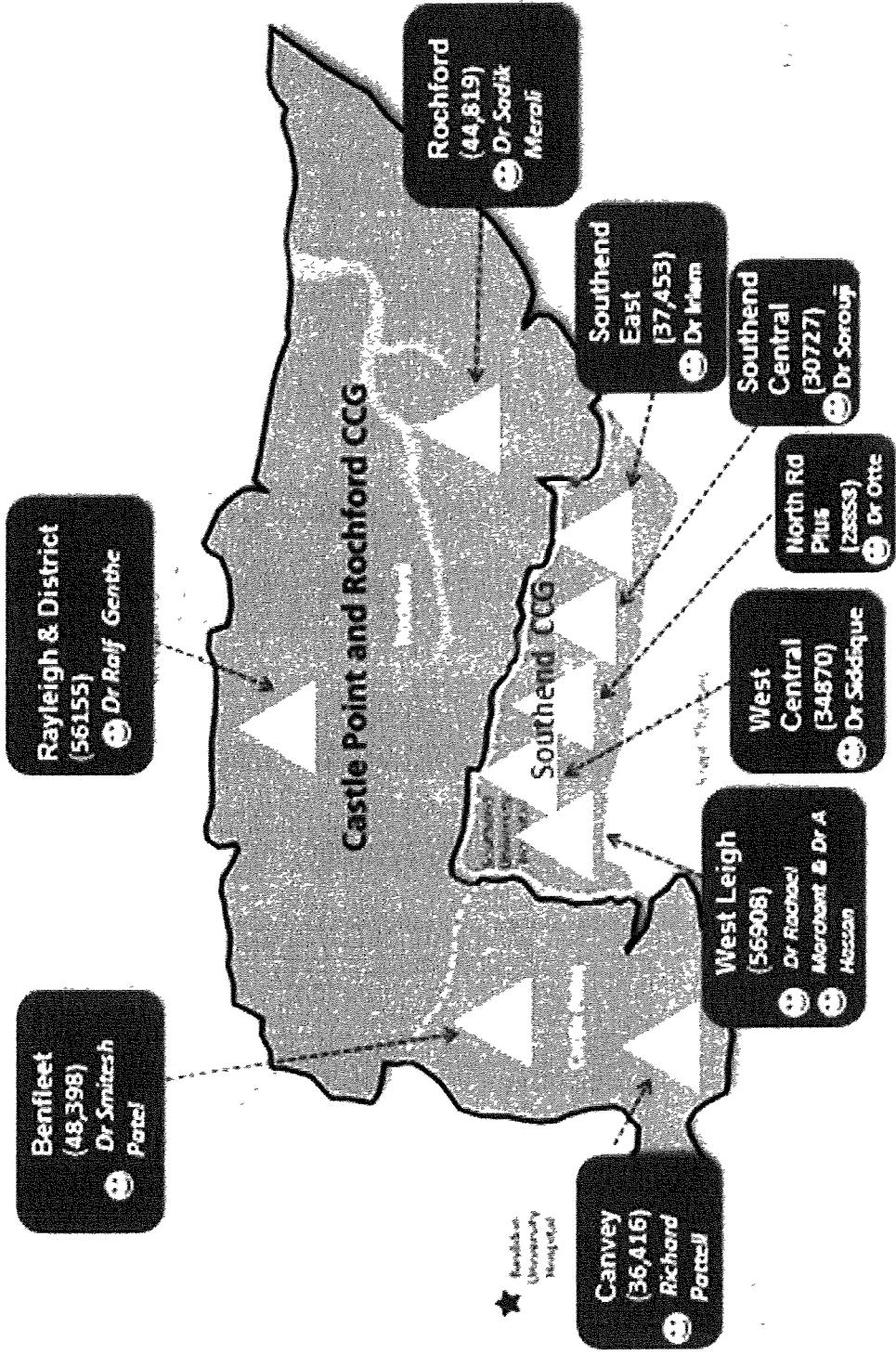
Agenda No Item

5. **Primary Care Networks (Pages 1 - 4)**

The attached document was circulated at the meeting on 18th September, 2019

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Our PCN landscape



Our PCN landscape

Castle Point and Rochford		Southend			
PCN	Member Practices	List Size (Jan 19)	PCN	Member Practices	List Size (Jan 19)
Benfleet	F81001 Dr Khan & Ptns F81032 Dr PA Patel F81075 The Hollies Surgery F81101 Essex Way Surgery F81142 St George's Medical Practice F81618 High Road Family Doctors F81713 Benfleet Surgery	12980 2931 13167 5551 6702 3880 3187 48398	North Road Plus	F81003 Carnarvon MC F81147 Central Surgery North Rd PCC F81164 West Rd Y02707 St Luke's HC	6056 5259 11109 6434 28858
Canvey	F81051 Third Avenue Health Centre F81096 Oaklands Surgery F81205 Dr Ghaurn F81700 Dr Richards F81739 The Island Surgery F81740 Dr Chaudhury	7186 10178 6202 4481 6429 1940 36416	Southend Central	F81081 Queensway MC F81176 North Avenue Surgery F81656 Warnor Square Surgery Y02177 The Practice Northumberland Ave	19797 2595 2944 5391 30727
Rayleigh & District	F81061 Dr Connor & Ptns F81065 William Harvey Surgery F81066 The Greensward Surgery F81123 Audley Mills Surgery F81125 Church View Surgery F81704 Downhall Park Surgery	6884 4217 6215 21423 13968 3448 56155	Southend East	F81086 Central Surgery Southchurch Blvd F81121 Thorpe Bay Surgery F81209 The Shaftesbury Surgery F81613 Dr Kumar & Ptns F81649 Dr Palacin F81684 North Shoebury Surgery F81688 Dr Dhillon	7777 7111 2719 7318 3910 6345 2273 37453
Rochford	F81007 Dr Puzey, Kothan & Nanda F81089 Wakering Medical Centre F81675 The Practice Leecon Way F81690 Ashingdon Medical Centre	21283 10438 3875 9223 44819	West Central	F81092 Dr Sooriakumaran F81097 Valkyrie Surgery F81159 Southend MC F81207 Dr Bekas F81223 Dr Malik F81744 Scott Park Surgery	4770 16860 5272 2008 3221 2739 34870
			West Leigh	F81046 Dr Krishnan F81112 Highlands Surgery F81128 Eastwood Group Practice F81144 The Pail Mall Surgery F81200 Dr Sathanandan F81696 The Leigh Surgery	5060 13236 11879 21308 3382 2043 56908

Foundation

- For PCNs**
- The PCN can articulate a clear vision for the network and actions for getting there. GPs, local primary care leaders, local people and community organisations, the voluntary sector and other stakeholders are engaged to help shape this
 - Clinical directors are able to access leadership development support

- For Systems**
- Systems are actively supporting GP practices and wider providers to start establishing networks and integrated neighbourhood ways of working and have identified resources (people and funding) to support PCNs on their development journey
 - 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

Step 1

- For PCNs:**
- The organisations within the PCN have agreed shared development actions and priorities
 - Joint planning is underway to improve integration with broader 'out of hospital' services as networks mature. There are developing arrangements for PCNs to collaborate for services delivered optimally above the 50K footprint.
 - There are local arrangements in place for the PCN (for example through the PCN Clinical Directors) to be involved in place/system strategic decision-making that both supports collaboration across networks and with wider providers including NHS Trusts/FTs and local authorities

- For Systems:**
- Primary care is enabled to have a seat at the table for system and place strategic planning
 - Asset out in the LTP, there is a system level strategy for PCN development and transformation funding, with support made available for PCN development. System leaders supports PCN clinical directors to share learning and support development across networks.

Step 2

- For PCNs:**
- The PCN has established an approach to strategic and operational decision-making that is inclusive of providers operating within the network footprint and delivering network-level services. There are local governance arrangements in place within networks to support integrated partnership working.
 - The PCN Clinical Director is working with the ICS/STP leadership to share learning and support other PCNs to develop.

- For Systems:**
- Primary care is enabled to play an active role in strategic and operational decision-making, for example on Urgent and Emergency Care. Mechanisms in place to ensure effective representation of all PCNs at the system level
 - PCN Clinical Directors work with the ICS/STP leadership to share learning and work collaboratively to support other PCNs

Step 3

- For PCNs:**
- PCN leaders are fully participating in the decision making at the system and relevant place levels of the ICS/STP. They feel confident and have access to the data they require to make informed decisions.

- For Systems:**
- Primary care leaders are decision making members of the ICS and place level leadership, working in tandem with partner health and care organisations to allocate resources and deliver care.

Leadership, planning and partnerships

Prospectus Domains:
Leadership, OD, Change management, CD leadership

Use of data and population health management

Prospectus Domain:
Population Health Management

- For PCNs**
- The PCN is using existing readily available data to understand and address population needs, and are identifying the improvements required for better population health

- For Systems:**
- Infrastructure is being developed for PHM in PCNs including facilitating access to data that can be used easily, developing information governance arrangements & providing analytical support

- For PCNs:**
- Analysis on variation in outcomes and resource use between practices and PCNs is readily available and acted upon.
 - Basic population segmentation is in place, with understanding of key groups, their needs and their resource use. This should enable networks to introduce targeted interventions, which may be initially focussed on priority population cohorts
 - Data and soft intelligence from multiple sources (including and wider than primary care) is being used to identify interventions

- For Systems:**
- Basic data sharing, common population definitions, and information governance arrangements have been established that supports PCNs with implementation of PHM approaches.
 - There is some linking of data flows between primary care, community services and secondary care

- For PCNs**
- All primary care clinicians can access information to guide decision making, including identifying at risk patients for proactive interventions, IT-enabled access to shared protocols, and real-time information on patient interactions with the system
 - Functioning interoperability within networks, including read/write access to records,

- For Systems:**
- There is a data and digital infrastructure in place to enable a level of interoperability within and across PCNs and other system partners, including wider availability of shared care records
 - Analytical support, real time patient data and PHM tools are made available for PCNs to help understand high and rising risk patients and population cohorts, and to support care design activities.

- For PCNs:**
- Systematic population health analysis allows the PCN to understand in depth their population's needs, including the wider determinants of health, and design interventions to meet them, acting as early as possible to keep people well and address health inequalities. The PCN's population health model is fully functioning for all patient cohorts
 - Ongoing systematic analysis and use of data in care design, case management and direct care interactions support proactive and personalised care

- For Systems:**
- Full interoperability is in place across the organisations within PCNs, including shared care records across providers.
 - System partners work with PCNs to design proactive care models and anticipatory interventions based on evidence to target priority patient groups and to reduce health inequalities

	Foundation	Step 1	Step 2	Step 3
<p>Integrating care</p> <p>Prospectus Domain: Collaborative Working (MDTs)</p>	<p>For PCNs</p> <ul style="list-style-type: none"> The PCN is starting to build local plans for improving the integration of care for their populations, informed by the Long Term Plan, GP contract framework and locally agreed system/place priorities The PCN is aware of the organisations they need to engage to develop multi-agency approaches to integrated care and are beginning to make initial approaches <p>For Systems</p> <ul style="list-style-type: none"> Systems support the PCNs to build relationships across physical and mental health service providers and social care partners to facilitate the delivery of Integrated care 	<p>For PCNs</p> <ul style="list-style-type: none"> Integrated teams, which may include social care, are working within the network and supporting delivery of integrated care to the local population. Plans are in place to develop MDT ways of working, including integrated rapid response community teams and the delivery of personalised care. Components of comprehensive models of care are defined for all population groups, with clear gap analysis and workforce plans. <p>For Systems:</p> <ul style="list-style-type: none"> Systems support the building of relationships across providers of physical and mental health services, and social care partners System workforce plans supports the development of integrated neighbourhood teams. 	<p>For PCNs</p> <ul style="list-style-type: none"> Early elements of new models of care defined at Step 1 now in place for most population segments, with integrated teams including social care, mental health, the voluntary sector and ready access to secondary care expertise. Routine peer review takes place. The PCN and other providers have in place supportive HR arrangements (e.g. formalised integrated team governance and operational management) that enable multi-agency MDTs to work together effectively. <p>For Systems:</p> <ul style="list-style-type: none"> There is continued development of partnerships across primary care, community services, social care, mental health, the voluntary sector and secondary care that are enabling on-going MDT development. Workforce sharing protocols in place 	<p>For PCNs:</p> <ul style="list-style-type: none"> Fully integrated teams are in place within the PCN, comprising of the appropriate clinical and non-clinical skill mix. MDT working is high functioning and supported by technology. The MDT holds a single view of the patient. Care plans and co-ordination in place for all high risk patients. There are fully interoperable IT, workforce and estates across the PCN, with sharing between networks as needed <p>For Systems:</p> <ul style="list-style-type: none"> Systems have developed and implemented integrated care models that meet with objectives of the LTP.
<p>Managing resources</p>	<p>For PCNs</p> <ul style="list-style-type: none"> Primary care, in particular general practice, has the headroom to make change There are people available with the right skills to make change happen <p>For Systems</p> <ul style="list-style-type: none"> System plan in place to support managing collective financial resources that includes PCNs PCN development support funding is being used to address PCN development needs 	<p>For PCNs:</p> <ul style="list-style-type: none"> Steps taken to ensure operational efficiency of primary care delivery, such as delivering the Time to Care programme, and support general practices experiencing challenges in delivery of core services <p>For Systems:</p> <ul style="list-style-type: none"> Systems have put in place arrangements that support PCNs with improvements in the efficiency of primary care delivery and enable PCNs to make optimum use of their resources 	<p>For PCNs:</p> <ul style="list-style-type: none"> The PCN has sight of resource use and impact on system performance and can pilot new incentive schemes where agreed locally <p>For Systems:</p> <ul style="list-style-type: none"> Systems support networks to have sight of resource use and impact on system performance and that can enable piloting of new incentive schemes 	<p>For PCNs:</p> <ul style="list-style-type: none"> The PCN takes collective responsibility for managing the resource flowing to the network. Data is used in clinical and non-clinical interactions to make best use of resources <p>For Systems:</p> <ul style="list-style-type: none"> Systems support PCNs to take collective responsibility for managing the resource flowing to the network and use data in clinical and non-clinical interactions to make best use of resources
<p>Working in partnership with people and communities</p> <p>Prospectus Domain: Asset based community development & social prescribing</p>	<p>For PCNs</p> <ul style="list-style-type: none"> Approach agreed to engaging with local communities Local people and communities are informed and there are routes for them contribute to the development of the PCN <p>For Systems:</p> <ul style="list-style-type: none"> Systems are providing PCNs with expertise to support local involvement of people and communities 	<p>For PCNs</p> <ul style="list-style-type: none"> The PCN is engaging directly with their population and are beginning to develop trusted relationships with wider community assets. The PCN has undertaken an assessment of the available community assets that can support improvements in population health and greater integration of care. The PCN has established relationships with local voluntary organisations and their local Healthwatch <p>For Systems:</p> <ul style="list-style-type: none"> Systems have put in place arrangements to support PCNs to develop local asset maps in partnership with their local community to enable models of social prescribing for personalised care. 	<p>For PCNs:</p> <ul style="list-style-type: none"> The PCN is routinely connecting with and working in partnership with wider community assets in meeting their population's needs Insight from local people and communities, voluntary sector is used to inform decision-making. Community networks are understood and connected to the PCN. <p>For Systems:</p> <ul style="list-style-type: none"> Systems are facilitating effective partnerships with local community assets within PCN footprints. The system is developing a strategy to support communities to develop and build particularly in those areas that face the greatest inequalities 	<p>For PCNs</p> <ul style="list-style-type: none"> The PCN has fully incorporated integrated working with local Voluntary, Community and Social Enterprise (VCSE) organisations as part of the wider network Community representatives, and community voice, are embedded into the PCN's working practices, and are an integral part of PCN planning and decision-making. The PCN has built on existing community assets to connect with the whole community and codesign local services and support. <p>For Systems:</p> <ul style="list-style-type: none"> The community assets and partnerships developed by PCNs are being connected in to strategic planning at place and system level