

Integrated Care Board

Date of meeting	27 July 2022
Title of paper	Fuller Stocktake Report
Presented by	David Levy, Medical Director
Author	Peter Tinson, Director of Primary Care
Agenda item	8
Confidential	No

Purpose of the paper

The paper outlines the Fuller stocktake report recommendations, provides a brief system commentary for each, and proposes an approach to the development of a Fuller Stocktake Delivery Plan across Lancashire and South Cumbria.

Executive summary

The paper proposes a six step approach to the development of a delivery plan which will form part of an ICB primary care strategy that will return to Board in November 2022.

Recommendations

The Board is requested to:

1. Note the contents of the report.
2. Approve the proposed delivery planning approach.
3. Receive a further report in November 2022.

Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes

Conflicts of interest identified

Not applicable.

Implications

<i>If yes, please provide a brief risk description and reference number</i>	Yes	No	N/A	Comments
Quality impact assessment completed			N/A	
Equality impact assessment completed			N/A	
Privacy impact assessment completed			N/A	

Financial impact assessment completed		No		Financial impact to be identified via delivery planning process
Associated risks			N/A	
Are associated risks detailed on the ICS Risk Register?			N/A	

Report authorised by:	David Levy, Medical Director
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Integrated Care Board – 27 July 2022

Fuller Stocktake Report

1. Introduction

- 1.1 The Fuller Stocktake report: “Next steps for the development of integrated primary care neighbourhoods” was published in May 2022.
- 1.2 The report on integrated primary care, which was commissioned by NHS England, looked at what is working well, why it is working well and how the implementation of integrated primary care could be accelerated.
- 1.3 It acknowledged that for generations primary care has been at the heart of our communities, acting as the first point of contact for most people accessing the NHS and providing ongoing care for those who need it.
- 1.4 It also recognised some discontent with primary care both from the public who use it and the staff that work within it.
- 1.5 The report however identified a ‘moment of real opportunity’ to transform how primary care is delivered and set out several recommendations for local and national delivery – a framework for shared action.
- 1.6 This paper outlines the ICS recommendations, provides a brief system commentary for each, and proposes an approach to the development of a Fuller Stocktake Delivery Plan, as part of a broader primary care strategy, across Lancashire and South Cumbria.

2. Framework for shared action

- 2.1 The table below identifies the Stocktake recommendations for Integrated Care System (ICS) delivery. There are other recommendations for NHS England and the Department of Health and Social Care.

a)	Develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices
b)	Enable all Primary Care Networks (PCNs) to evolve into integrated neighbourhood teams
c)	Co-design and put in place the appropriate infrastructure and support for all neighbourhood teams
d)	Develop a primary care forum or network at system level
e)	Embed primary care workforce as an integral part of system thinking, planning and delivery
f)	Develop a system-wide estates plan to support fit-for-purpose buildings for neighbourhood and place teams delivering integrated primary care

g)	Create a clear development plan to support the sustainability of primary care and translate the framework provided by <i>Next steps for integrated primary care</i> into reality, across all neighbourhoods
h)	Work alongside local people and communities

2.2 The following paragraphs provide a brief system commentary on each of the recommendations, broadly identifying progress and any issues to be considered via the proposed delivery planning approach.

Single system-wide approach to managing integrated urgent care

2.3 The Fuller Stocktake report acknowledges that one of the biggest challenges facing primary care is balancing the increased demand for both same day urgent care and complex long term care. It also observes that creating a resilient infrastructure for managing same day access for urgent care creates space to deliver more complex care, which is arguably what general practice does best.

2.4 There are currently multiple and varied same day urgent care service offers across Lancashire and South Cumbria, with some patients benefitting from past investments in Walk in Centres, Same Day Health Centres, Urgent Treatment Centres and other similar ‘access hub’ type models. There are also at scale general practice resilience models and opportunities to make better use of available community pharmacy support.

2.5 It is clear that as part of the proposed delivery planning approach it will be important to understand the current service offers to patients to inform a place and system wide discussion to create a coherent and equitable same day urgent care offer for patients. Whilst there are opportunities to better use existing resources, it is also likely to require additional investment. However it is anticipated this investment would reduce A&E footfall.

Enable all PCNs to evolve into integrated neighbourhood teams

2.6 Integrated Neighbourhood Teams (INTs) are at the heart of the integrated primary and community care offer. Many PCNs across the system have begun to develop INTs based on a similar care model (Appendix 1). The INTs currently vary in their progress and composition, for example, whether they include secondary care and social care teams.

2.7 The recent system investment in population health will significantly enable the evolution of INTs and support them to target their collective resource to improve the health and wellbeing of their local communities.

2.8 It is anticipated that the delivery plan will include a consistent INT care model, clear expectations regarding the phased delivery of the model and an agreement by partners to the local leadership, alignment and development of the INT multi-professional workforce.

2.9 The phasing will be based on INT delivery in Core20PLUS5 most deprived areas by April 2023 (Appendix 2) and all areas by April 2024.

Infrastructure and support for all neighbourhood teams

- 2.10 The recommendation encompasses support for digital, data, intelligence, quality improvement, HR, finance, workforce, estates, and leadership and team development.
- 2.11 The proposed delivery planning approach will enable PCNs to identify what support they need to deliver their plans and who is best placed to provide. This will include the PCN itself securing support using the funding it receives, support from other provider and community partners, and also support from ICB place based teams. Discussions have already commenced with the PCN Assembly and PCN Development Group about the proposed support model.
- 2.12 It will be important for support to be considered in the context of INTs evolving from PCNs and the wider partnership leadership and development of these integrated operational teams.

Develop a primary care forum or network at system level

- 2.13 There are currently several clinically led primary care forums or networks at a system level, including a PCN Assembly and a PCN Development Group which reports to the wider Primary and Integrated Neighbourhood Care Transformation Group. These groups involve all four pillars of primary care (general practice, dental, pharmacy and optical) and a range of other partners. It is anticipated that the priorities and memberships of these groups will evolve in response to the development of the stocktake delivery plan.
- 2.14 The success of these groups will continue to be dependent on their connectivity with similar groups at place and ultimately each of the forty-one PCNs and their partners and communities across Lancashire and South Cumbria.

Embed primary care workforce

- 2.15 Workforce remains one of the biggest challenges facing primary care, especially in Lancashire and South Cumbria: -
- The number of whole time equivalent GPs has reduced from 864 in September 2015 to 750 in March 2022. 21% of GPs are aged 55+
 - There are 42 fully qualified GPs per 100,000 population compared to a national average of 45. In parts of Lancashire and South Cumbria this figure is even lower and practices continue to struggle to recruit
 - The number of whole time equivalent practice nurses has increased from 525 in September 2015 to 601 in March 2022. 28% of nurses are aged 55+
 - The number of whole time equivalent other direct patient care roles has increased from 322 in September 2015 to 476 in March 2022. 25% of other patient care staff are aged 55+

- 2.16 The number of GPs has reduced and there are comparatively fewer per head of population. There have been some successes in securing additional new direct patient care roles. Worryingly a significant proportion of all staff groups are approaching retirement age.
- 2.17 There are also workforce challenges in other pillars of primary care and Local Professional Networks are developing workforce plans.
- 2.18 A range of national and local programmes are in place to support recruitment and retention although they are unlikely to address the shortfall in the near term. A national workforce strategy which focuses on primary care will be welcomed.
- 2.19 In the meantime, it is anticipated that the delivery plan will consider:
- How full usage is made of the Additional Roles Reimbursement Scheme, including supervision, development, and career progression
 - Joint appointment and rotational models between primary and secondary care
 - Continued focus on staff health and wellbeing, building on the recently agreed system General Practice Quality Contract approach
 - Expanding the system primary care training hub to include INTs
 - Recruitment to non-medical roles to support the expansion of a multi-disciplinary primary care workforce

Develop a system-wide estates plan

- 2.20 The Lancashire and South Cumbria Health Infrastructure Strategy was endorsed by the ICS Board in March 2022. It sets out the infrastructure aspirations and high-level investment plans to 2040.
- 2.21 The strategy acknowledges that a greater emphasis than ever is required on primary and community infrastructure to enable the provision of integrated place based care. This will require both optimising the use of existing facilities and investing in new facilities. There are significant existing primary and community care infrastructure constraints which are already impacting on service provision, for example, the ability of PCNs to recruit additional roles via the nationally funded Additional Roles Reimbursement Scheme (ARRS).
- 2.22 An integrated approach to estates will significantly enable the development and ongoing delivery of INTs. There are excellent examples of the 'one public estate' approach to build on, such as the Moor Park Health and Leisure Centre in Blackpool.
- 2.23 Support has already been secured to work with PCNs and wider partners during Autumn 2022 to develop neighbourhood estates plans, seeking to make the best use of existing public assets and co-locating INT staff wherever possible. This work will inform the development of a pipeline of proposed prioritised investments.

Create a clear development plan

- 2.24 The proposed planning approach should result in the co-production of aligned neighbourhood, place and system plans for the delivery of the Fuller Stocktake recommendations, plus any local actions to transform primary care.
- 2.25 An understanding of current primary and community care investment, workforce and activity for each neighbourhood will inform those development plans and the wider Primary Care Strategy being developed. It will drive discussions about variation and the targeting of investment in those neighbourhoods and teams who require it most.

Work alongside local people and communities

- 2.26 A Lancashire and South Cumbria Working with People and Communities Strategy was endorsed by the ICS Development Oversight Group in May 2022. It set out how the NHS in Lancashire and South Cumbria would embed a partnership approach to working with people and communities.
- 2.27 The strategy acknowledges that whilst there is variation in how people have been engaged and involved, there are many examples of good practice to build upon, such as the Art of Hosting and Poverty Truth Commissions in Morecambe Bay, COVID-19 vaccination outreach approaches and Healthier Fleetwood.
- 2.28 It is anticipated that the delivery plan will include practical support for PCNs to work in partnership with their communities and increasingly focus on tackling the wider determinants of ill health.

3. Delivery Planning Approach

- 3.1 The Fuller Stocktake report provides an excellent moment of opportunity for primary and community health and care partners across Lancashire and South Cumbria to come together, build on their existing progress and develop and deliver a clear plan to transform how they provide care for their populations.
- 3.2 It is proposed that the plan will be developed in six steps.

Step	Activity	Timeframe
1	Defining what good looks like – stocktake workshop	July 2022
2	Setting out the steps to get to ‘good’ – thematic workshops	August 2022
3	Construct a Neighbourhood thematic delivery framework, self-assessment tool and delivery planning tool	September 2022
4	Neighbourhood self-assessments and delivery plans (both supported by ICB place based primary care teams)	October 2022
5	System and place delivery plans	October 2022
6	Development of a Primary care Strategy for Board approval	November 2022 -

The proposed themes are based on the Fuller Stocktake report for shared action:

- a) Integrated same day urgent care
- b) Integrated Neighbourhood Teams
- c) Working alongside people and communities
- d) Digital, data and intelligence
- e) Workforce
- f) Estates
- g) Support

4. Conclusion

- 4.1 The Fuller Stocktake and its recommendations are welcomed. They set a clear direction for integrating primary care at a time of opportunity for partners to work even more closely together for the benefit of patients and the communities they serve. This paper proposes a 'bottom up' approach to the development of a delivery plan. The success of this plan will depend on partners creating an environment that supports and enables change coupled with strong leadership at neighbourhood, place, and system.

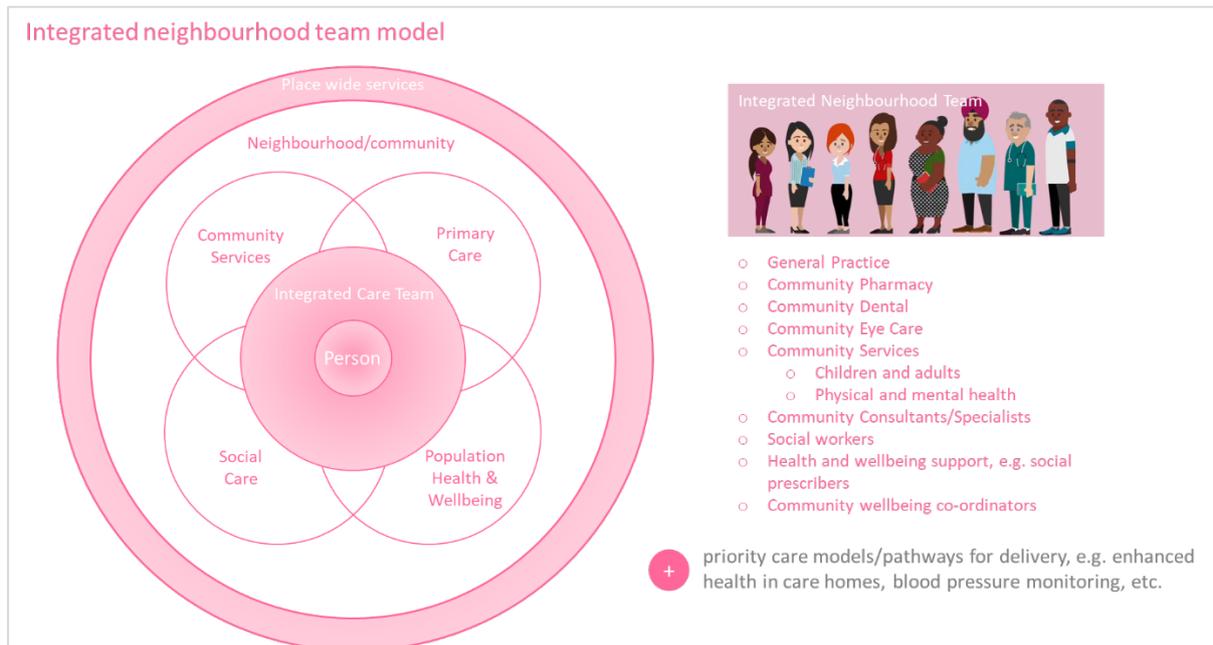
5. Recommendations

- 5.1 The Board is requested to:
1. Note the contents of the report;
 2. Approve the proposed delivery planning approach;
 3. Receive a further report at its meeting in October 2022.

Peter Tinson

27th July 2022

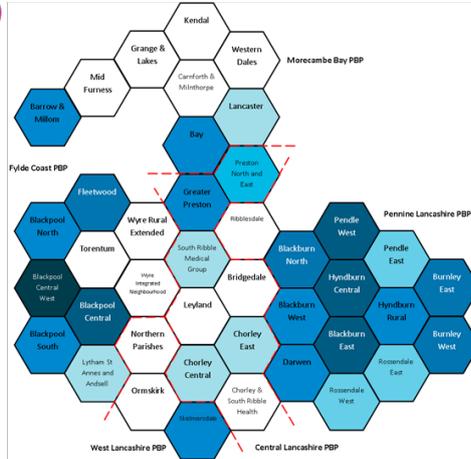
Appendix 1 – Integrated Neighbourhood Team Model



Appendix 2 - Core20PLUS5 most deprived areas

Indices of Multiple Deprivation

Percentage of registered patients residing in 1st quintile of IMD (20% most disadvantaged)



PCN	Above 70.0%
PCN	60.0% to 69.9%
PCN	50.0% to 59.9%
PCN	40.0% to 49.9%
PCN	30.0% to 39.9%
PCN	20.0% to 29.9%
PCN	10.0% to 19.9%
PCN	Up to 9.9%