

South Yorkshire and Bassetlaw Integrated Care System



Strategic Plan for Primary Care Provider Collaborative

Main Messages for this evening:

- Health & Care Bill to increase integration means formation of Integrated Care Boards with statutory functions by July.
- Important that Primary care fully engaged as systems transform
- SY ICS has a Primary Care Strategy that highlights importance of subsidiarity and layers of scale.
- In response to Bill, Primary Care leaders in SY are establishing a Primary Care Provider Collaborative
- It is important that each place has representation within that PCPC and structures to engage all constituents of Primary Care at place
- This evening is to discuss what this looks like for Sheffield

SY Primary Care strategy- subsidiarity & layers



The layering principle will focus thinking on what is best delivered at each level, and therefore where resources should be directed.

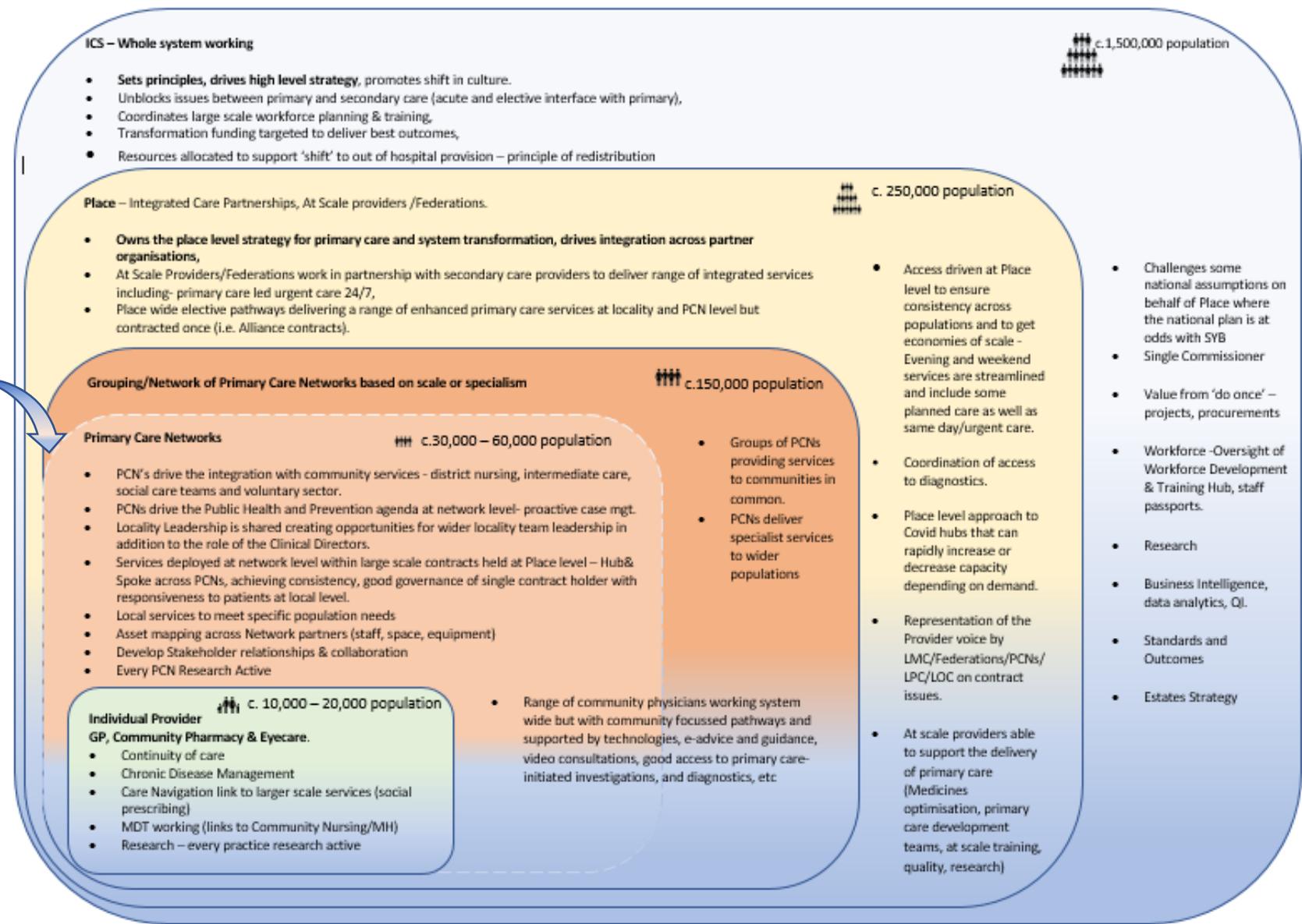
Valuable building blocks will be augmented rather than redesigned.

30 Primary Care Networks

There are 36 neighbourhoods, served by 30 Primary Care Networks. The Networks are GP practices working together to deliver as much care as possible close to where people live. Our Networks mainly cover populations of 30,000 to 50,000, and include:

- GPs
- Pharmacists
- Community Eyecare and Dental providers
- District Nurses
- Allied Healthcare Professionals, such as podiatrists and physiotherapists
- Community Geriatricians
- Dementia Workers
- Teams from social care
- Teams from the voluntary sector

Provider organisations and population sizes in this model may vary to reflect geographical size and local infrastructure.



Some Context from the Health and Care Bill

Key points from the Integrated Care System Design Framework:

1. The proposal to create a PCPC sits well within the proposed framework...

*Primary care should be represented and involved in decision-making at all levels of the ICS, including strategic decision-making forums at place and system level. It should be recognised that **there is no single voice for primary care in the health and care system**, and so ICSs should explore different and flexible ways for seeking primary care professional involvement in decision-making. In particular, primary care should have an important role in the development of shared plans at place and system ensuring they represent the needs of their local populations at the neighbourhood level of the ICS, including with regards to health inequalities and inequality in access to services. ICSs should explore approaches that enable plans to be built up from population needs at neighbourhood and place level, ensuring primary care professionals are involved throughout this process.*

2. The statutory **minimum** membership of the board of each ICS NHS body will be confirmed in legislation.....

*We will expect every ICS NHS body to establish board roles above this minimum level, so in most cases they will include the following roles: Partner members: a minimum of three additional board members, including at least: – one member drawn from the **primary medical services (general practice) providers within the area of the ICS NHS body***

*We expect all three partner members will be full members of the unitary board, bringing knowledge and a perspective from their sectors, **but not acting as delegates of those sectors.***

The process of appointing the partner members, and the rules for qualification to be a member, will be set out in the constitution of the body.

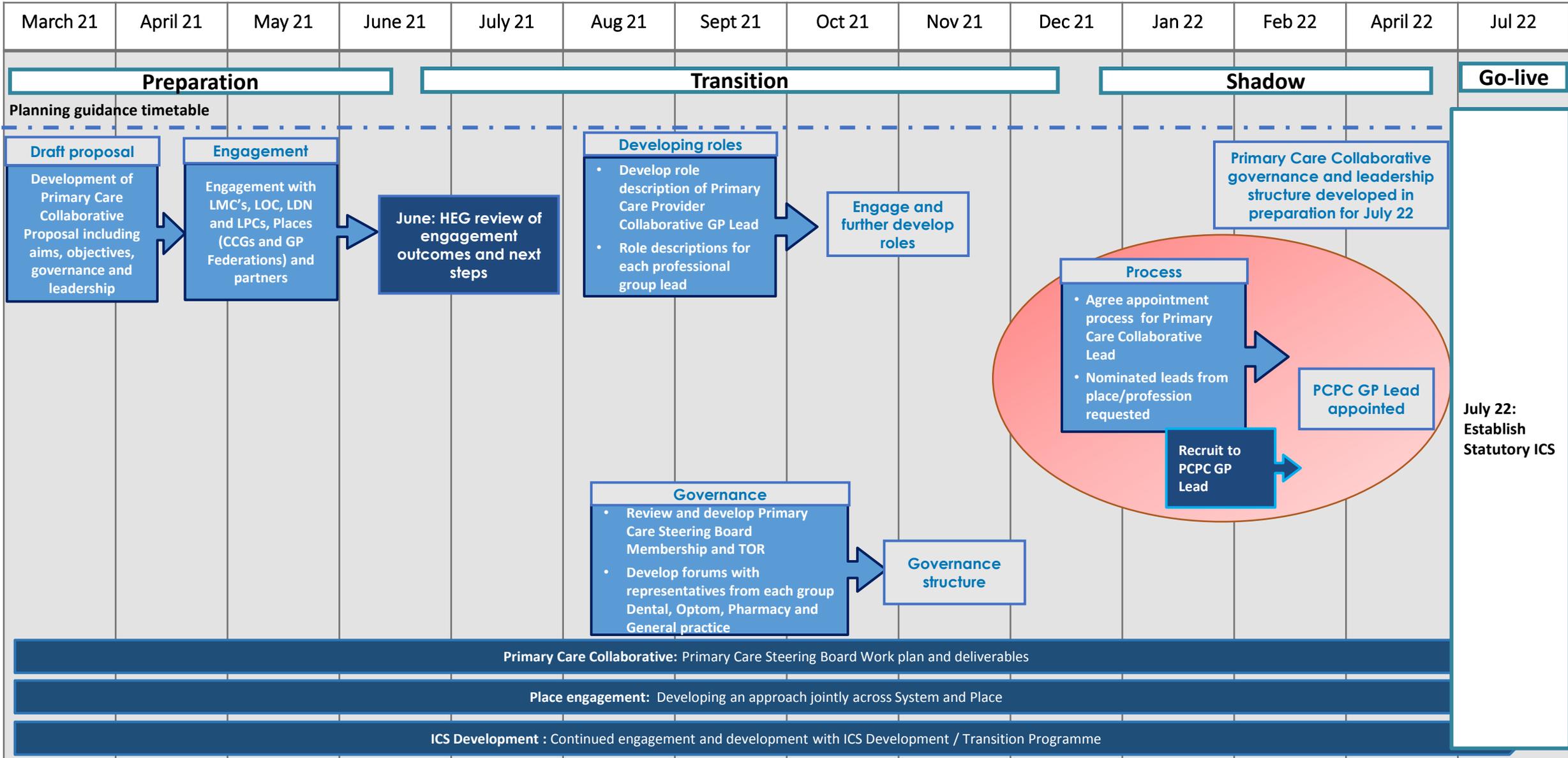
The final composition of the board and the process of appointment of partner members will need to be consistent with any requirements set out in primary legislation and is therefore subject to Parliamentary process.

3. Appointments to ICS Chair and Chief Executive completed. Executive roles recruitment underway. **Subject to the progress** of the Bill and after the second reading these roles will be confirmed as designate roles.

SY Primary Cares Response:

1. Significant engagement and consultation across Primary Care with strong support to establish a Primary Care Provider Collaborative. ICS HEG agreed the proposal (June 21)
2. HEG agreed to move forward with recurrent appointments – accepting risk as budgets for ICS not yet confirmed
3. Strong support from wider ICS colleagues to get the PCPC established

Timeline





The purpose of the South Yorkshire PCPC is to:

1. Create a vehicle for planning and leading the strategic direction of Primary Care in its widest sense in South Yorkshire.
2. be a forum to provide support, coordinate service transformation and large-scale service delivery solutions in Primary care and integration with secondary care.
3. work alongside and in partnership with the other ICS provider collaboratives to ensure that future service redesign occurs through collaboration and engagement of all providers of a patient pathway
4. engage in the development and delivery of any future ICS strategy as a supportive, equal, and confident partner.
5. Support the ICS on delivering its 'quadruple aim' of better health and wellbeing for the whole population, better quality of care for all patients and sustainable services for the taxpayer alongside the reduction of health inequalities.
6. Support the ICS in developing its SY Operational/development and delivery plans to ensure that services and pathways are coherent and connected across organisational and sector boundaries
7. provide support and connectivity to system transformation within the acute and mental health sector whilst also being firmly connected into place, vertical provider collaboratives and transformation programmes.
8. provide and develop a supportive environment for shared learning and good practice in Primary Care across the SY footprint.



Proposed membership of the South Yorkshire PCPC will be:

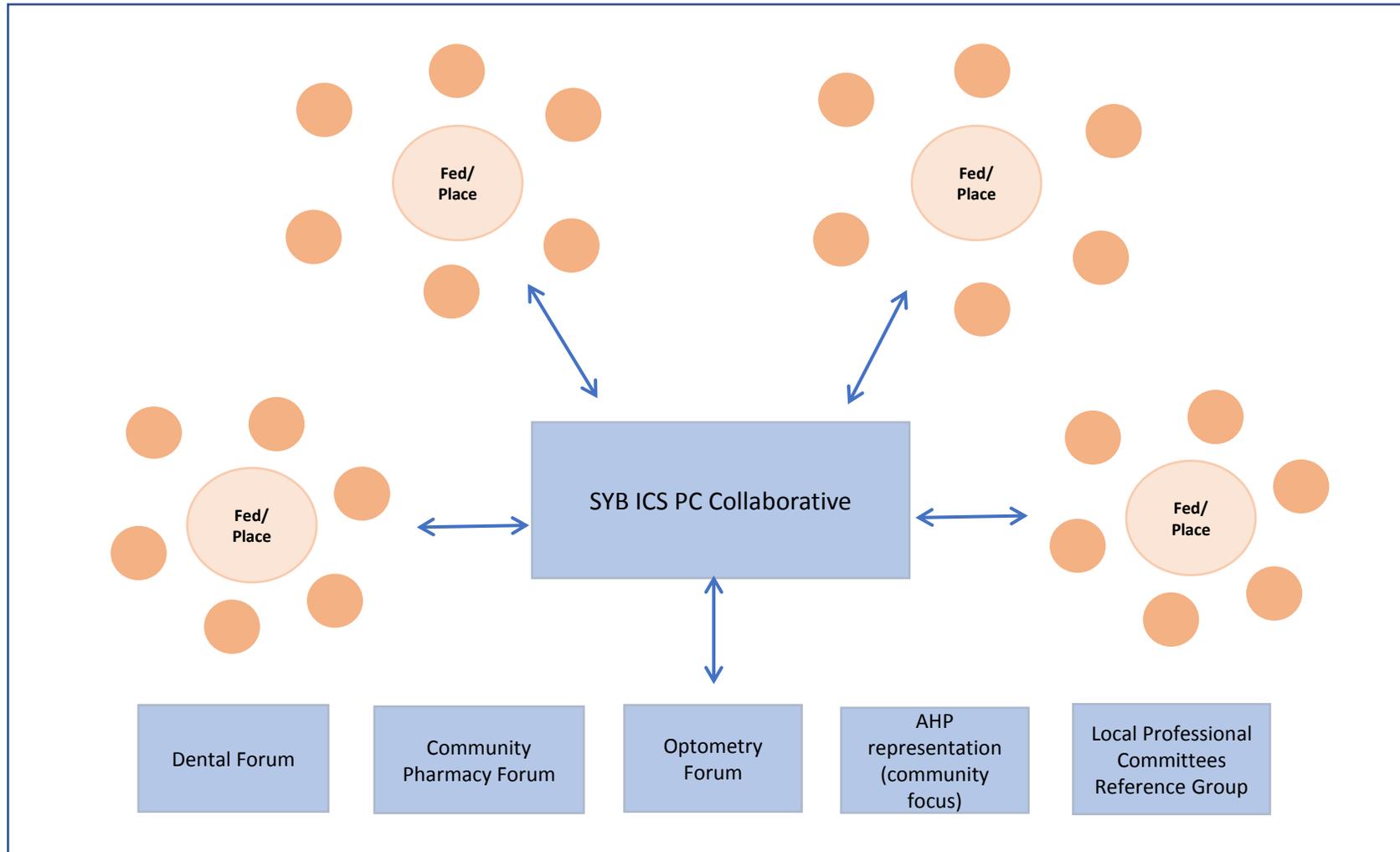
- Made up of representatives from across South Yorkshire who are able to facilitate the purposes of the group through their respective roles in primary care delivery.
- Drawn from all 4 primary care provider groups through Place arrangements the collaborative will recognise the need to avoid silos and how to create an understanding of physical health, mental health and public health.
- Initial membership (subject to review in Q1 2022/23) will be;
 - GP Clinical Lead (Chair)
 - ICS PC Lead
 - GP representing each place (local determination, could be from PCN, GP,)
 - Federation lead from each Place
 - AHP council representative
 - SYB Dental representative (chair of Dental Forum)
 - SYB Optometry representative (chair of Optometry Forum)
 - SYB Community Pharmacy representative (chair of Pharmacy Forum)

The PCPC will not be involved in contractual or performers list arrangements required by the ICS nor will it be a delivery body in its own right.

Membership of the PCPC therefore does not include Local Representative Committee representation.

Instead, a Professional Committee Advisory Group will be established to facilitate engagement and collaboration across all aspects of primary care and to work alongside the PCPC as key stakeholders.

Proposed Governance diagram



Primary Care Engagement at Place



Next steps

- GP leads from each place to be identified
- 3 x Forums for Dental, Optom, Pharmacy being established
- Recruit Chair- role description drafted and appointment process to commence
- Draft ToR for PCPC to be adopted by PCPC when it first meets
- Connections already being made with other SY collaboratives but further development planned

Basically, we now need to get on with this, support the PCPC to develop and seize the opportunity to shape future services.