



Derby City Council

HEALTH AND WELLBEING BOARD
Thursday 17 July 2014

ITEM 11

Report Of: Dr. Doug Black, Medical Director,
Derbyshire and Nottinghamshire Area Team,
NHS England

**Primary Care Strategy 2014 – 2019 and The Prime Minister’s
Challenge Fund for Derbyshire and Nottinghamshire**

SUMMARY

- 1.1 The Primary Care Strategy for Derbyshire and Nottinghamshire focuses on five building blocks. These are **patients**, improving quality including better access to safe services; **people**, our workforce and stakeholders; **processes**, how our residents access the right care at the right time; **premises/places**, for safe delivery of care and **payments**, to make sure funds and resources provide best value for money.
- 1.2 The Primary Care Strategy complements the Clinical Commissioning Group’s (CCG) Better Care Fund Plan (BCF) and the CCG’s five year Strategy, building on the co-commissioning of services. This aims to ensure primary care is able to deliver transformed, integrated services at pace and scale to address the challenges facing the system
- 1.3 In April 2014 the Area Team and CCGs proposal secured £5.2 million from the national £50 million 12 month **non-recurrent** Prime Minister’s Challenge Fund, aimed at transforming access to General Practice by piloting new ways of working. This funding is the highest award outside of London and will test a number of different approaches to improving access to General Practice that will be rolled out if successful. These are described in the accompanying presentation and Frequently Asked Questions (FAQ)

The successful proposal was informed by the BCF plans, CCG Strategies and NHS England’s direct and primary care commissioning plans. These highlight a number of actions that require General Practice and wider primary care services at the heart of a transformed, integrated system.

The funding enables fast track implementation of a number of General Practice pilots across the area that will focus on improving quality and strengthening integration, especially across the urgent care pathways and in line with strategic plans.

- 1.4 The Strategy acknowledges that the NHS needs to be able to deal with the challenges ahead, such as an ageing population, a rise in the number of people with long-term conditions, lifestyle risk factors in the young and greater public expectations. Combined with rising costs and constrained financial resources, these trends threaten the long-term sustainability of the health service.

- 1.5 There have already been changes to make savings and improve productivity. The NHS is on track to find £20 billion of efficiency savings by 2015. However, without further changes to how services are delivered, a high-quality yet free at the point of use health service will not be available to future generations. Not only will the NHS become financially unsustainable, the safety and quality of patient care will decline. The Strategy signals the need for stronger co-commissioning of primary care with the CCG and includes a five year implementation plan that will be refreshed annually.
- 1.6 NHS England is governed by the NHS Constitution, which protects the principles of a comprehensive service providing high quality healthcare, free at the point of use for everyone. The constitution also says that the NHS belongs to the people and so does its future. In keeping with this principle, NHS England will be working together with staff, patients and the public to develop a series of new local approaches for the NHS.
- 1.7 We have previously shared 'The NHS belongs to the people: a call to action' to help our understanding of why the NHS needs to change and that the more people share their views and ideas on the future of the NHS, the better the service will become. During March 2014 we shared our draft Primary Care Strategy with key partners including Health and Wellbeing Boards to ensure that the aims and objectives identified are in line with the wider health and social care plans.

RECOMMENDATION

- 2.1 For the Health and Wellbeing Board to note the final Primary Care Strategy and the Challenge Fund plans for Derbyshire and Nottinghamshire

REASONS FOR RECOMMENDATION

- 3.1 The Health and Wellbeing Board has a strategic overview of the health needs of their residents and of all the commissioning and planning decisions for health services
- 3.2 The Health and Wellbeing Board has specific statutory responsibility for promoting integration of health and care services in the area. Integrating and joining up services is one of the most effective ways to improve services, improve health and social care outcomes and reduce demand for active services.

SUPPORTING INFORMATION

- 4.1 NHS England, Derbyshire and Nottinghamshire Primary Care Strategy 2014-2019.
- 4.2 Derbyshire and Nottinghamshire Challenge Fund Pilots: Overview.
- 4.3 The NHS belongs to the people: A Call to Action (July 2013)
http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf

- 4.4 Prime Minister's Challenge Fund Pilots: Questions and Answers
<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/pm-fund-faqs/>
- 4.5 NHS Southern Derbyshire Better Care Fund and five year Strategy 2014-2019

OTHER OPTIONS CONSIDERED

- 5.1 To do nothing is not an option. Call to Action and the Primary Care Strategy is not about making unnecessary changes, or taking services away, but about looking at how they are being delivered and what can be provided differently to respond to the challenges, whilst also taking advantage of important opportunities, including:
- Innovative new treatments and technology
 - Putting people in control of their own health and care
 - Integrating more health and care services
 - Having greater emphasis on keeping healthy.

This report has been approved by the following officers:

Legal officer	n/a
Financial officer	n/a
Human Resources officer	n/a
Service Director(s)	n/a
Other(s)	n/a

For more information contact:	Tracy Madge, Assistant Director (Clinical Strategy), Area Team – Derbyshire and Nottinghamshire. Email: tracy.madge@nhs.net
Background papers:	Strategy for Primary Care Transformation (attached)
List of appendices:	The Prime Minister's Challenge Fund – presentation (attached) Appendix 1: Implications

IMPLICATIONS

Financial and Value for Money

- 1.1 In England, continuing with the current model of care will result in the NHS facing a funding gap between projected spending requirements and resources available of around £30bn between 2013/14 and 2020/21 (approximately 22% of projected costs in 2020/21). This estimate is before taking into account any productivity improvements and assumes that the health budget will remain protected in real terms.

Implications for primary care include securing improved access with either additional investment or changing the way primary care is delivered using technology and improved, transformed processes.

Legal

- 2.1 None

Personnel

- 3.1 The movement of services into primary care will require integrated and multidisciplinary ways of working. The Primary Care Strategy has been developed alongside the CCG unit of planning and Better Care Fund plans so this can be delivered as part of whole system transformation.

Equalities Impact

- 4.1 Will be undertaken as services develop

Health and Safety

- 5.1 None

Environmental Sustainability

- 6.1 None

Asset Management

- 7.1 None

Risk Management

- 8.1 A full risk and issue log is available on request

Corporate objectives and priorities for change

9.1 N/A