NHS
Lancashire and South Cumbria
Integrated Care Board

Next Steps for Integrating Primary Care – Fuller Report

Developing our LSC Delivery Plan

DRAFT Delivery Framework Engagement
3rd October - 17th November 2022

Proud to be part of
Lancashire and South Cumbria
Health and Care Partnership

Overview

Lancashire and South Cumbria Integrated Care Board

1. Next Steps for Integrating Primary Care: Fuller Stocktake Report
   a) Introduction
   b) Vision
   c) Three essential offers
   d) Recommendations
   e) Fuller in a nutshell
   f) Neighbourhoods and Places
   g) Local context
2. LSC ICB Six Step Approach to development of a Delivery Plan
3. Developing our LSC Delivery Plan
   a) Seven themes
   b) Key deliverables
   c) Six products
4. DRAFT LSC Fuller Delivery Framework – an introduction
5. Things to note and key feedback to date
6. How to feed back

Introduction from Dr Claire Fuller

NHS
Lancashire and South Cumbria
Integrated Care Board

- For generations, primary care has been at the heart of our communities.
- Health visitors, community and district nurses, GPs, dentists, pharmacists, opticians, and social care workers are among the most recognisable of a multitude of dedicated staff delivering care around the clock in every neighbourhood in the country.
- Every day, more than a million people benefit from the advice and support of primary care professionals.
- This enduring connection to people is what makes primary care so valued by the communities it serves.
- Despite this, there are real signs of genuine and growing discontent with primary care – both from the public who use it and the professionals who work within it.
- Teams are stretched beyond capacity, with staff morale at a record low. Left as it is, primary care as we know it will become unsustainable in a relatively short period of time.
- *It is against this backdrop that the Chief Executive of the NHS, Amanda Pritchard, asked for Dr Fuller for a ground up, major stocktake to take place.*

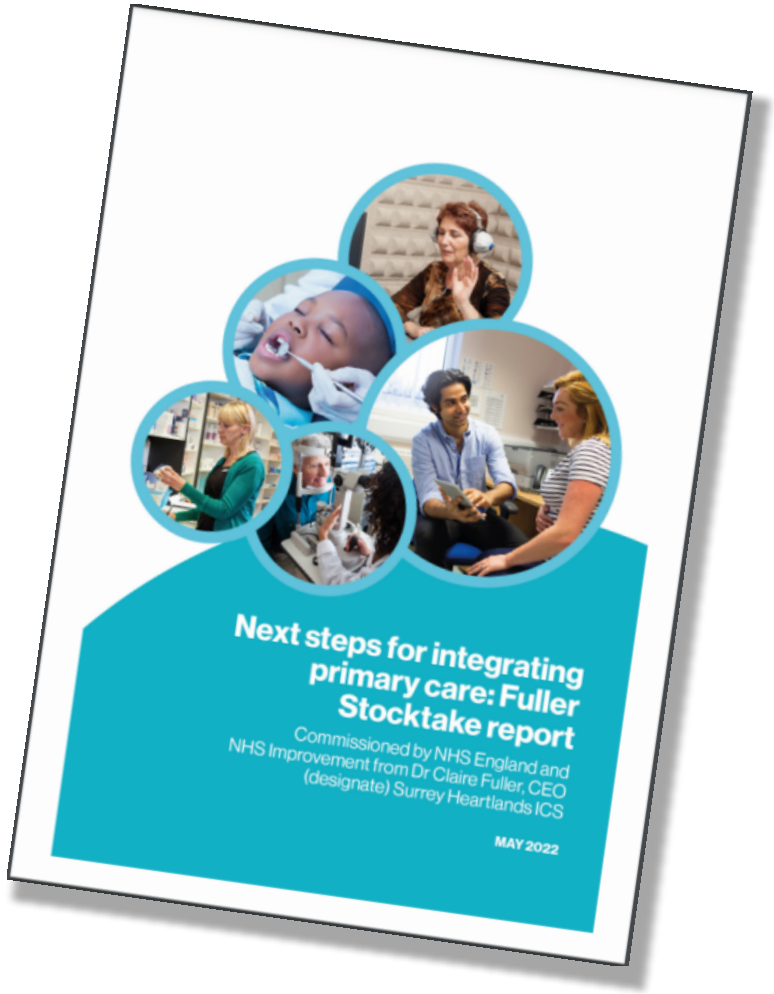
Next Steps for Integrating Primary Care: Fuller Stocktake Report

NHS
Lancashire and South Cumbria
Integrated Care Board

Sets out a vision for integrating primary care……improving access, experience and outcomes for our communities

Published May 2022, available in full:

https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/



Fuller: A reminder of the key themes

Lancashire and South Cumbria Integrated Care Board

Three essential offers:

- **streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- **providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- **helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention

Fifteen recommendations – most for ICSs, others for DHSC, NHSE, HEE

Fuller: Recommendations in a nutshell

NHS
Lancashire and South Cumbria
Integrated Care Board

- Enable all PCNs to evolve into integrated neighbourhood teams
- Work with local people and communities to tackle ill health
- A system wide approach to a single integrated same day urgent care pathway
- Primary care workforce to be an integral part of system and national level strategy
- System leadership to become driver of primary care improvements
- System wide estates plan to support fit-for-purpose buildings
- Improve data flow and embed digital transformation in holistic care
- Create a clear development plan to support primary care sustainability
- Enable legislative, contractual, commissioning and funding frameworks

Neighbourhoods and Places

NHS
Lancashire and South Cumbria
Integrated Care Board

Level	Functions	Priorities from the NHS Long-Term Plan
Neighbourhood (c.30,000 to 50,000 people)	• Integrated multi-disciplinary teams • Strengthened primary care through primary care networks – working across practices and health and social care • Proactive role in population heath and prevention • Services (e.g. social prescribing) drawing on resource across community, voluntary and independent sector, as well as other public services (e.g. housing teams).	• Integrate primary and community services • Implement integrated care models • Embed and use population health management approaches • Roll out primary care networks with expanded neighbourhood teams • Embed primary care network contract and shared savings scheme • Appoint named accountable clinical director of each network
Place (c.250,000 to 500,000 people)	• Typically council/borough level • Integration of hospital, council and primary care teams / services • Develop new provider models for 'anticipatory' care • Models for out-of-hospital care around specialties and for hospital discharge and admission avoidance	• Closer working with local government and voluntary sector partners on prevention and health inequalities • Primary care network leadership to form part of provider alliances or other collaborative arrangements • Implement integrated care models • Embed population health management approaches • Deliver Long-Term Plan commitments on care delivery and redesign • Implement Enhanced Health in Care Homes (EHCH) model

Local Context

Lancashire and South Cumbria Integrated Care Board

Fuller is big but its only part of the story….

We have a range of work programmes underway such as Population Health Management, Working with People and Communities, Urgent & Emergency Care, Workforce etc which are all about improving access, outcomes and experience for our communities. We know that our Fuller response needs to align with these.

"…whilst we're focussing on the 'what' and the 'how' we mustn't lose sight of the 'why'…"

Everyone is on a journey…

Some areas are well on the way with their journey towards integration, others are just starting out, nowhere is at the end.

"…we are all on a journey… "

We have a lot of really great work going on across LSC already…

A key part of the Fuller work has to be to support sharing and learning from each other, it is that sharing and learning and the relationships we build which will enable everyone to move forwards

"…relationship, relationships, relationships…"

Developing our LSC Fuller Delivery Plan

Lancashire and South Cumbria Integrated Care Board

In July 2022, the ICB Board agreed six step process

July

Aug

Sept

Oct-Nov

Dec-Mar

Apr

- **Step 1:** Defining what 'good' looks like – workshop 20th July 2022, 137 participants
- **Step 2:** Setting out the steps to get to 'good' – rapid workshops x 7
- **Step 3a:** Develop draft Delivery Framework, Self Assessment Tool and Delivery Planning Tool – follow on workshop 22.09.22, 94 participants
- **Step 3b: Engagement** on draft Delivery Framework
- **Step 3c: Engagement** on PCN Neighbourhood Self Assessment and Delivery Planning Tool
- **Step 3d:** Produce final Delivery Framework, System Delivery Plan, PCN/Neighbourhood Self Assessment Tool and Delivery Planning Tool
- **Step 4:** PCN/Neighbourhood self assessment (supported) and PCN/Neighbourhood Delivery Plans including support requirements
- **Step 5:** System and Place delivery support plans
- **Step 6:** Ongoing delivery oversight and support, including sharing learning and practice

Our focus today

Our Seven Themes

Lancashire and South Cumbria Integrated Care Board

We have clustered the Fuller recommendations into seven themes

1. Integrated Neighbourhood Teams
- Co-located generalist and specialist
- Secondary care consultants aligned
- Community engagement and outreach

2. Integrated Urgent Same Day Care
- Single urgent care team in each neighbourhood
- All patients clinically assessed as requiring urgent care
- Care from the most appropriate service/professional/modality

3. Working with people & communities
- Plans tailored to local needs and preferences
- Take account of demographic and cultural factors

4. Digital, Data & Intelligence
- Functionality
- Improve data to support access
- Solve problem of data sharing liability

5. Workforce
- Baseline existing capacity
- Innovative employment models
- Training, supervision, recruitment, retention and participation
- Flexibilities

6. Estates
- 'One public estate' approach
- Maximise use of community assets and spaces

7. Support
- For PCN and Neighbourhood leadership teams
- Team development
- Development forums/networks
- Provider collaborative, federations supra PCNs

Key Deliverables

NHS
Lancashire and South Cumbria
Integrated Care Board

1. Integrated Neighbourhood Teams	•Provide feedback on proposed INT prioritisation and build approach •Contribute to effective INT and MDT guide •PCNs/Neighbourhoods will be asked to identify their proposed INT build sequences (including the supporting population health analysis
2. Integrated Urgent Same Day Care	•Develop an outline Urgent Same Day Care Vision and Approach which includes the formation of USDC Teams. •Develop an outline sustainable and resilient integrated Urgent Same Day Care Model across LSC for 24/7 out of hospital urgent care provision. •Ensure all services are collated across LSC and shared across respective places to support clear care navigation of patients and share learning
3. Working with people & communities	•Undertake a review to consider where your partnership is up to in terms of listening to and building relationships with communities, and in particular those communities who face the greatest health inequalities. •Have worked with the defined population to understand barriers, develop co-produced solutions and built a strong working relationship with this community •Continue to refine and improve learning how to listen, learning new ways of connecting with communities, strengthening the voice of those facing the greatest barriers to accessing healthcare and using learning to shape services
4. Digital, Data & Intelligence	•Working in partnership with local authorities (in particular public health and housing teams), local communities and other local system partners, to pool information and population health data •Digitally enabled personalised care and support planning implemented across multiple settings of care to be shared across systems and settings. •Commonality of read and write access across system partners.
5. Workforce	•Co-design and put in place the appropriate infrastructure and support for all neighbourhood teams, across their functions including workforce plans and models •Ensure there is a consistent and comprehensive training, supervision and development offer •Co-design a set of measures to support neighbourhoods in knowing when a confident and skilled workforce is being achieved.
6. Estates	•Undertake a review of current estate utilisation in order to highlight any underutilised capacity within local systems in order to quickly resolve short / medium term capacity issues. •Ensure that all stakeholders with the NHS are adequately engaged in the system estate management and review process and that the NHS engages with in an effective manner with other stakeholders across the system – any public body, Councils, Voluntary Sector, Charities etc •Support the PCN and Place Neighbourhood to use and develop Strategic Plans and an ongoing process
7. Support	•Create a collaborative culture amongst partners across the system through stakeholder engagement, opportunities for shared learning and shared organisational and team development. •Ensure the support and collaboration of key local leaders in improving access, experience and outcomes for patients and communities by building relationships with existing local groups and embedding primary care leadership from all four pillars across the System •Support PCNs/Neighbourhoods to establish appropriate governance to underpin collaborative work with other providers within Neighbourhoods, across Place and as part of the wider System

Six Products

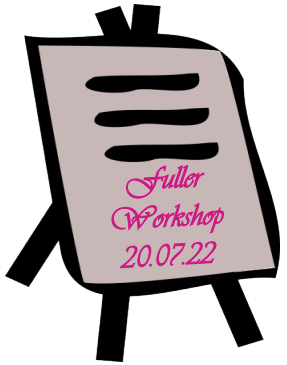
NHS
Lancashire and South Cumbria

Our six step process will lead to the development of six products to support delivery of Fuller in LSC

- **Delivery Framework** - an overarching document which sets out what 'good' looks like and the steps needed to get to 'good' for Neighbourhoods, Places and System
- **Compendium of good practice examples** from across Lancashire and South Cumbria and nationally
- **System Delivery Plan** - setting out the key actions at system level to support delivery of Fuller in LSC
- **PCN/Neighbourhood Self Assessment Tool** - supporting PCNs and Neighbourhoods to understand where they are on their development journey and the next steps
- **PCN/Neighbourhood Annual Planning Template** - supporting PCNs and Neighbourhoods to plan the next steps on their development journey and identify the support they will need to progress
- **System and Place Delivery Support Plans** – drawing on the PCN and Neighbourhood Annual Plans, setting out the support for PCNs and Neighbourhoods on their Fuller development journey

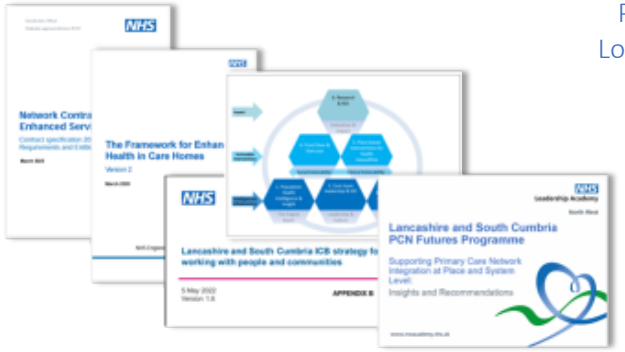
Our Journey so far…

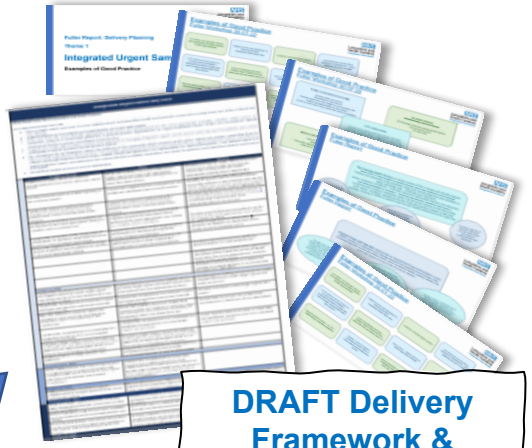
DRAFT What 'Good' Looks Like & Key Deliverables & Good practice examples



7 x Rapid workshops

Key stakeholders including: Practice manager, PCN CD, Community, Hospital, Healthwatch, Community Pharmacy, Dental, Optometry, VCFSE, Mental Health, Local Authority, Place Clinical Director, P&C Clinical Lead, PHM, GP Fed, LMC





DRAFT Delivery Framework & Compendium of Good Practice

Engagement 3.10.22-17.11.22

Draft LSC Fuller Delivery Framework

Seven sections, seven themes

At the top of each section is a header which tells you the name of the theme

Lancashire and South Cumbria Integrated Care Board

The second section sets out the DRAFT summary of what 'good' looks like for that theme

There are three columns setting out the 'steps to get to good' for Neighbourhoods, Places and System respectively

When-by dates are included in the shaded horizontal lines

Section headers are included to help you see which steps relate to which parts of the summary of 'good' at the top of the page

Support

What Good Looks like in LSC

Our Support approach will:

- Develop a range of **back-office and transformation functions** including HR, quality improvement, organisational development, data and analytics and finance to support the development of neighbourhoods and integrated neighbourhood teams
- Support PCNs/Neighbourhoods to establish appropriate **governance** to underpin collaborative work with other providers within Neighbourhoods, across Place and as part of the wider System
- Create a **collaborative culture** amongst partners across the system through stakeholder engagement, opportunities for shared learning and shared organisational and team development.
- Develop a more consistent and comprehensive **leadership development** offer for neighbourhood partners including the provision of sufficient protected time to be able to meet the leadership challenge in integrated neighbourhood teams
- Ensure the support and **collaboration of key local leaders** in improving access, experience and outcomes for patients and communities by building relationships with existing local groups and embedding primary care leadership from all four pillars across the System
- Work to create a step change in how **investment and financial support** flows through the system, maximising local control over the direction of investment, with the aim of improving equity in distribution of resource to ultimately improve health outcomes

Neighbourhoods	Place	System
Back Office & Transformation Support		
Have a clear understanding of back office and transformation assets already in the Neighbourhood, not just health but all partners. Including what the support vehicles e.g. Feds, and offers are for the Neighbourhood currently	Undertake a survey of back office and transformation assets already in the Place, not just health but all partners. Looking into what the support vehicles e.g. Feds and offers are in each area.	Design, co-ordinate and collate a survey of back office and transformation assets already in the System, not just health but all partners. Looking into what the support vehicles e.g. Feds and offers are in each area.
Investment and Financial Support		
		Identify 'Bridge' funding, the process and support for long term investment in order to drive new initiatives which in time will self-fund
		Ensure understanding of current spending distribution, compared with the system allocation and health inequalities
Collaboration of Key Local Leaders		
	Ensure effective utilisation of bottom up/top-down communication channel with clear representation, communication & support from practices through PCNs - feds - place – system	Establish a bottom up/top-down communication channel with clear representation, communication & support from practices through PCNs - feds - place – system
	Work with System to support the creation of a primary care forum or network with credibility and breadth of views to be able to advise the ICS – a coming together of LPNs	Work with Places to lead the creation of a primary care forum or network with credibility and breadth of views to be able to advise the ICS – a coming together of LPNs
Work with system to create a shared space (virtual) for Neighbourhoods		Work with Neighbourhoods to create a shared space (virtual) for Neighbourhoods
Leadership Development		
Adapt and adopt model role definitions for Neighbourhood Leadership Teams	Support development of Model role definitions for Neighbourhood Leadership Teams and support Neighbourhood teams to adapt and adopt these locally	Co-ordinate development of model role definitions for PCN Leadership Teams
Ongoing investment in leadership at PCN and neighbourhood, place and system level	Ongoing investment in leadership at PCN and neighbourhood, place and system level	Ongoing investment in leadership at PCN and neighbourhood, place and system level
Governance		
Work with Places to develop their local Neighbourhood vision, priorities and plan.	Support PCNs/Neighbourhood to develop their local vision, priorities and plan.	Develop tools and a process to support PCNs/Neighbourhood to develop their local vision, priorities and plan.
Adopt and embed the Partnership Working Behavioural Compact for Neighbourhoods	Support Neighbourhoods in the development of a Partnership Working Behavioural Compact for Neighbourhoods	Support Neighbourhoods in the development of a Partnership Working Behavioural Compact for Neighbourhoods
Collaborative Culture		
	Support PCN development via investment and development support outside of the Network Contract DES - Place teams to support neighbourhoods.	Support PCN development via investment and development support outside of the Network Contract DES
By March 2023		
Back Office and Transformation Support		
Work with Places and System to co-produce a model of provider at scale	Work with Neighbourhoods and System to co-produce a model of provider at scale	Work with Places and Neighbourhoods to co-produce a model of provider at scale
Leadership Development		
Undertake a skills audit and training needs analysis for members of Neighbourhood leadership teams	Support the design and completion of a skills audit and training needs analysis for members of Neighbourhood leadership teams	Co-ordinate the design and completion of a skills audit and training needs analysis for members of Neighbourhood leadership teams
A PCN must have in place a Clinical Director who works collaboratively with CDs from other PCNs within the ICS area, helping to ensure full engagement of primary care in developing and implementing local system plans	Support PCN Clinical Directors to work collaboratively with CDs from other PCNs within the ICS area, helping to ensure full engagement of primary care is developing and implementing local system plans	Establish arrangements which support PCN Clinical Directors to work collaboratively with CDs from other PCNs within the ICS area, helping to ensure full engagement of primary care in developing and implementing local system plans
Engage with Place teams for support where the primary care wants to work with other providers at scale	Support primary care where they want to work with other providers at scale	Ensure the right arrangements are in place to support primary care where it wants to work with other providers at scale
Collaborative Culture		
		Put in place sufficient support for all clinical directors and multi-professional leadership development, protected time for team development and to be able to meet the leadership challenge in integrated neighbourhood teams
By September 2023		
Back Office and Transformation Support		
	Making available 'back-office' and transformation functions for PCNs... by leveraging this support from larger providers and other groups or federations e.g., pharmacy. With additional development support for providers.	Make available 'back-office' and transformation functions for PCNs... by leveraging this support from larger providers and other groups or federations e.g., pharmacy. With additional development support for providers.

A copy of the DRAFT Delivery Framework has been shared with these slides. If you have not received a copy please email Emma.Bracewell4@nhs.net

Things to note

NHS
Lancashire and South Cumbria
Integrated Care Board

- The six products will be live documents that will continue to develop as we progress on our integration journey for Neighbourhoods in LSC, building on previous work as well as starting some new work
- There are language issues with the Delivery Framework currently and further work will be needed to address these – your suggestions will be welcomed
- We will also need to do a ‘read across’ between the frameworks from the seven groups, to consider interdependencies and alignment of timelines – again, your suggestion will be welcomed
- We are committed to honouring all feedback received and will use your comments to help further shape all of the products
- Rapid task groups will work on issues raised so far including: Definitions e.g. MDT, INT , PCN, Neighbourhood; footprints e.g. PCN : Neighbourhood; overarching principles; delivery oversight arrangements; risks and issues

Key Feedback to date

NHS
Lancashire and South Cumbria
Integrated Care Board

- Fuller is a good example of how partners need to work together across system, places and neighbourhoods.
- Delivery needs to be resourced.
- We need to understand our current investment, workforce and delivery, across health and care
- Informs a longer term view about response to key challenges e.g. workforce, and investment (including an approach to allocation)
- Needs to be responsive to local population and communities
- Build on national and local examples of good practice
- Develop an outcomes framework

How to feed back

Lancashire and South Cumbria Integrated Care Board

Please share your feedback on the DRAFT Delivery Framework using the survey link below

https://forms.office.com/r/i2DcfU8c3k

NHS
Lancashire and South Cumbria
Integrated Care Board

Proud to be part of

Lancashire and South Cumbria
Health and Care Partnership

Web lancashireandsouthcumbria.icb.nhs.uk | **Facebook** @LSCICB | **Twitter** @LSCICB