

Title of Meeting:	Governing Body	Agenda Item: 7.1 D									
Date of Meeting:	27 August 2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #4F81BD; color: white;"> <th colspan="2" style="text-align: left;">Session (Tick)</th> </tr> <tr> <td style="width: 80%;">Public</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Development Session	
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Paper Title:	Primary and Community Services Recovery and Transformation										
Responsible Governing Body Member Lead Wendy Balmain Director of Strategy and Integration		Report Author and Job Title Andrew Dangerfield, Head of Primary Care Transformation Sam Haward, Head of Community Services and Integration									
Purpose (this paper if for)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 25%;">Decision</th> <th style="width: 25%;">Discussion</th> <th style="width: 25%;">Assurance</th> <th style="width: 25%;">Information</th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>			Decision	Discussion	Assurance	Information			X	
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Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.											
Executive Summary North Yorkshire CCG was formally established on 1 April 2020. Prior to this all three North Yorkshire CCGs had been increasingly working to a shared transformation agenda for Primary Care and Community Services. The primary care transformation has been focussed on the development of Primary Care Networks (PCNs) and the implementation of the national contract for PCNs. PCNs are the vehicle for additional funding and new workforce roles within primary care and GP practices and will increase capacity and resilience within this sector of the NHS. The over-arching priorities for community service development, in association with Local Authority (LA) partners, include the development of a common Integrated Operating Model and an emphasis on frail and vulnerable patients. However, for the first few months of 2020/21, much of the focus has been on ensuring that community service providers have been able to work with partners and GP practices in delivering an effective Covid-19 response. The attached report provides an overview of the key actions as part of the phase 1 response (March to June 2020), the learning from this phase and how that has been built into a system-wide recovery and transformation plan, and initial progress on delivering this plan and associated phase 3 system requirements.											
Recommendations The Governing Body is being asked to: <ul style="list-style-type: none"> • Note the primary care and community service key achievements during the first phase of the system response to the Covid-19 pandemic. • Note the headline content and key objectives for primary care and community services within the system's transformation and recovery plan • Note that work is underway to achieve these system objectives 											

<p>Monitoring</p> <p>Delivery of the phase 1 response and subsequent phase 3 recovery and transformation plan is being monitored in a number of ways:</p> <p>Progress and key issues related to Primary Care and Community Services were tracked through a regular (daily, Monday to Friday, during phase 1) NYCCG Incident Control Meeting, comprising Directors, managers and clinicians from across NYCCG.</p> <p>System leadership for primary care and community services was provided through the North Yorkshire and York silver command structure. This worked across the geographic partnership that includes North Yorkshire CCG, Vale of York CCG, North Yorkshire County Council, and City of York Council and key delivery stakeholders.</p> <p>The recovery and transformation plan will continue to be monitored through the North Yorkshire and York System Leadership Executive with regular reports through organisational governance arrangements.</p>	
<p>Any statutory / regulatory / legal / NHS Constitution implications</p>	<p>Simon Stevens has issued a letter (31/07/20) to NHS commissioners and providers which sets out the key system actions as part of phase 3 recovery and the continued system response to Covid-19. These actions are being incorporated into the local recovery and transformation plan.</p>
<p>Management of Conflicts of Interest</p>	<p>No conflicts of interest have been identified prior to the meeting.</p>
<p>Communication / Public & Patient Engagement</p>	<p>NYCCG communicates with the public and stakeholders through a number of methods.</p> <ul style="list-style-type: none"> Information for Primary Care has been regularly cascaded through the regular Covid bulletin (daily, including weekends, during phase 1). This has been supported by a regular (weekly during phase 1) CCG meeting with the Primary Care Network Clinical Directors. Regular meetings with community service providers via Teams have taken place throughout phase 1 and during the recovery phase to brief on and receive information from providers on key issues. Public and patient engagement is co-ordinated through the CCG's Communication and Engagement team, and has included press releases, web-site information and newsletters on a range of issues concerning the Covid-19 response.
<p>Financial / resource implications</p>	<p>Financial costs associated with the phase 1 response have been funded through NHS England. Primary Care expenditure, e.g. additional costs of bank holiday out-of-hours working, has been co-ordinated through CCG covid reimbursement. Covid related costs incurred by community providers have principally been funded through NHSE directly.</p> <p>Further expenditure required for the delivery of phase 3 recovery and transformation will be discussed and agreed between the CCG and NHSE.</p>
<p>Outcome of Impact Assessments completed</p>	<p>Impact assessments will be undertaken where appropriate as part of the process of developing specific projects and work streams.</p>

Andrew Dangerfield, Head of Primary Care Transformation
Sam Haward, Head of Community Services and Integration

Community Services and Primary Care Report

1. Introduction

This report describes the breadth of work undertaken with primary and community providers during the first phases of the Covid-19 response, and as part of the phase 3 recovery and transformation plan, which has now commenced.

2. Phase 1 Response (March to June 2020)

2.1 Primary Care

The initial phase of the response to Covid-19 for primary care and GP Practices was to implement a total triage model, reduce face to face contact wherever possible and maintain appointments and capacity for patients urgent needs. Key points to note from this phase include:

- PCNs and their appointed Clinical Directors provided significant leadership to primary care to enable rapid change to be undertaken safely
- All patient requests were triaged by telephone and if appropriate were offered a further telephone appointment with the right clinician, a video consultation or a face to face appointment if clinically indicated
- Practices and PCNs worked together to deliver rapid changes to patient services including the use of video and on-line consultations
- Some 400 laptops were distributed to primary care across North Yorkshire CCG to enable remote working and maximise capacity by enabling any staff at increased risk or shielding to work from home
- Some routine appointments, follow ups and health screening clinics were paused and replaced by increased on-the-day appointments to support patient needs and ensure no additional demand on secondary care
- Hot sites in localities, or hot zones within a GP Practice, were established to enable patients with potential covid symptoms to be seen face to face in a safe environment and separate from other at risk patients
- Implementation of a new PCN service, Enhanced Health in Care Homes, was brought forward through a Local Enhanced Service (LES) contract from 1 May 2020. This is providing additional NHS support to people living and working in care homes

2.2 Community Services

The North Yorkshire & York Silver Command structure established a number of work streams including three that, working together, implemented the community response to the pandemic:

- The Health & Social Care Operating Model
- The Wider Community
- The Care Market (Local Authority response)

During phase 1, the key achievements of NY CCG contributing to the system response for community services were as follows:

- Establishing a weekly North Yorkshire wide system of SITREP reporting for NHS community beds to monitor and assess and respond to system pressures as they arose
- Supporting the achievement of the 3 hour target for hospital discharge through participation in the new 8 to 8 Discharge Command centres and delivering a Home First approach through an integrated community response
- Assurance of delivery of the community Covid-19 Standard Operating Procedure for community services produced by NHS England by all commissioned providers
- Facilitating successful flexible working between GP practices and community services to manage pressures, including visiting arrangements for shielded patients
- As part of the Enhanced Health in Care Homes service, bringing together community providers with general practice to implement a multi-disciplinary approach to supporting care home residents

- Collaborative work with practices and NYCC to clarify registers of shielded and vulnerable people ensuring their access to the right support

3. Recovery Planning during Phase 2 (June to July 2020)

3.1 Primary Care

Learning from phase 1 has been consolidated into new ways of working, adjustment of the total triage model and changes to the hot sites as demand for routine appointments increased and appointments for patients with Covid-19 symptoms decreased.

Phase 2 also saw the restarting of some services that had been paused including cervical screening, health checks and long term condition checks.

Other changes include:

- Increasing availability of face to face appointments where clinically appropriate
- Reducing hot zone capacity to create more routine appointments
- Maintaining the use of video and on-line consultations
- Ensuring a robust risk assessment of all staff and appropriate action when necessary to maintain staff safety
- Start to plan for the 2020/21 flu vaccination programme
- Working with secondary care providers to restore routine referrals and elective care
- Implementing the modified Quality Outcome Framework (QOF) requirements for 20/21

3.2 Community Services

At the close of the first phase, NY CCG worked with its community providers to clarify the learning from the initial response and which elements should continue into winter and beyond. This work fed into a wider piece of analysis across both CCGs and LAs which helped to inform the North Yorkshire and York system recovery plan.

Key points to note are as follows:

- Effective team-working and mutual aid between different providers and practices, for example practice nurses extended home visiting to shielded patients to release district nurses to provide increased palliative care and end-of-life support
- Extended therapy capacity and skill-mix working in community settings and the capability and capacity to manage more patients on home first pathways
- Improved self-care by patients for example district nurses have taught patients how to administer their own insulin injections
- Increased use of digital technology for both multi-disciplinary meetings to reduce travel time and focus more time on patient contact
- Effective community-based support for shielding and vulnerable patients provided through 23 Community Support Organisations provided through the voluntary sector (commissioned through NYCC Stronger Communities team)
- Much faster discharge capabilities, through the Discharge Command Centres, improved availability of equipment, and Discharge to Assess occurring in community settings

As well as the positives, a number of areas for were identified for further consideration as part of recovery planning. These include:

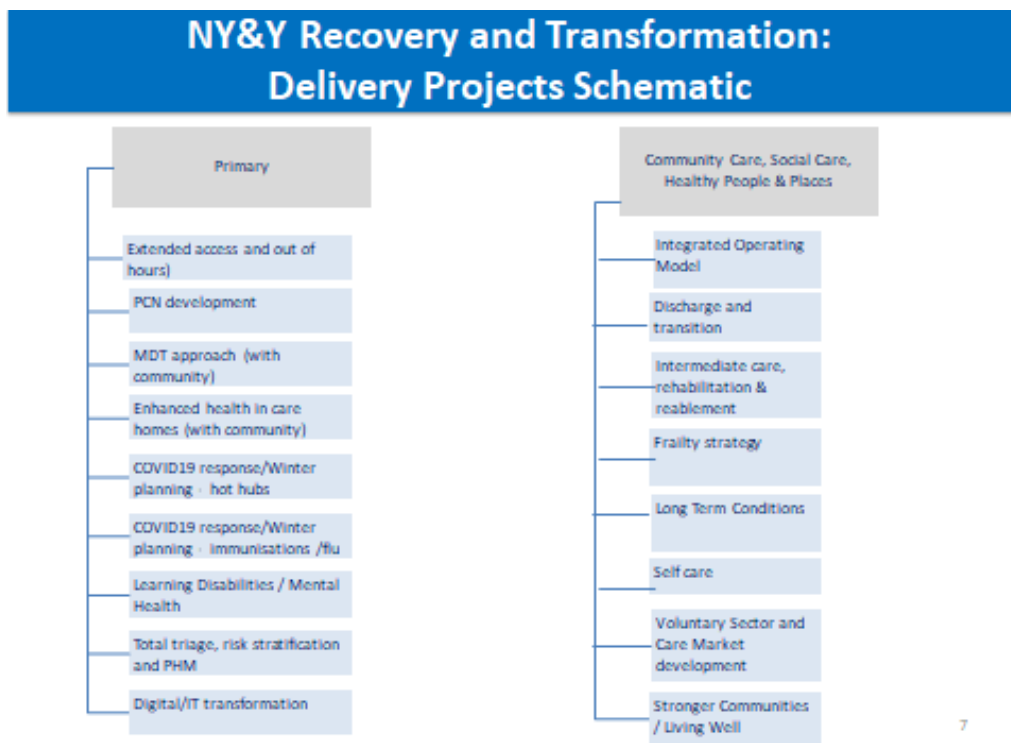
- Managing the impact of reduced community capacity as redeployed staff returned to substantive roles within acute hospitals
- Increased capacity and time requirements to fully support the care home sector through weekly check-ins and multi-disciplinary support
- Effective staff engagement for longer-term changes to working patterns where these are to be retained, for example extended operating hours of discharge command centres and 7-day therapy provision

- Community bed requirements to continue to manage rapid discharge from hospital as the system returns to pre Covid-19 productivity levels, and to safely manage continued small numbers of Covid-19 positive discharges
- Joint planning for the threat of a second wave and / or a difficult winter

4. Transformation and Recovery Plan – Phase 3 (August 2020 – March 2021)

The North Yorkshire and York system recovery plan has brought together the over-arching transformational priorities from before the pandemic, with the new system learning, and national NHS phase 3 recovery objectives specified by Simon Stevens in the letter to the NHS of 31 July 2020.

The plan will be delivered through NYCCG working together with our partners, commissioner and providers. The headline project areas covered within the plan for Primary and Community Services are detailed below (with a more detailed overview of content included within appendix 1):



Senior Responsible Officers and work stream leads have been identified, and project leads and delivery plans are being scoped to drive the work programme.

5. Conclusions and recommendations

This report demonstrates the breadth of work undertaken by primary care and community service providers in responding to the first phase of the pandemic, in order to protect staff and patients, while ensuring continued access to essential services.

The efforts of all staff across all organisations are to be commended, with many examples of mutual aid, effective partnerships and integrated care being observed across North Yorkshire.

In delivering the response to the next phase, NYCCG will continue to work with partners to maintain and build on these successful relationships, while delivering a comprehensive programme of recovery and transformation.

The Governing Body is asked to note:

- The primary care and community service key achievements during the first phase of the system response to the Covid-19 pandemic.
- The headline content and key objectives for primary care and community services within the system's transformation and recovery plan
- That work is already underway to achieve these system objectives

High-level overview of content within Recovery and Transformation Plan

Primary Care

- Restoring child and adult immunisation programmes
- Using capacity released through the modified QOF programme to prioritise at risk groups and long term condition management
- Everyone with a learning disability (LD) on the GP LD register to have an annual health check with 67% of people on the LD register having a higher quality health check by 31 March 2021
- Improving recording of ethnicity in general practice patients
- Development of a flu vaccination plan that includes a wider cohort of eligible population and confirms ethnicity of eligible adults
- Restoring activity to usual levels where clinically appropriate
- Reach out proactively to clinically vulnerable patients
- Full implementation of the national Enhanced Health in Care Homes contract from October 2020

Community Care

- Continuing the development of an Integrated Operating Model, informed by the learning and rapid development associated with the phase 1 Covid-19 response
- Strengthening community multi-disciplinary teams (MDT) to provide a crisis response, respond to the rehabilitation requirements from Covid-19, and ensure patients can be discharged home first as a priority.
- Building a frailty strategy to better protect and support the elderly population, especially given their increased risk from Covid-19
- Continuing to work across primary and community care to build enhanced support for care homes and MDT working
- Strengthening self-care and the management of long-term conditions to reduce risk, prevent disease, and support those with greater vulnerability to Covid-19
- Strengthening and promoting the work of the voluntary sector as a key system partner throughout phase 3 of the Covid-19 response and beyond, linked to the wider work of the NYC Stronger Communities team in building community responsiveness and capacity
- Embedding the new discharge arrangements, so that fast discharge and Discharge to Assess is universally available, while re-establishing formal assessment through the Continuing Health Care team