



## CCG LOCALITY MEETING

<b>Date of Meeting:</b> December 2018	<b>Paper No:</b>
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<b>Title of Paper:</b> Neighbourhoods – further development
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<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b> ✓	<b>Decision</b>	<b>Information</b>
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<b>Conflicts of Interest</b> (please delete tick as appropriate)	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

<p><b>Purpose and Executive Summary:</b></p> <p>Nationally, there is emerging evidence that practices, patients and the wider health and care system could benefit from becoming part of a local Primary Care Network. In Oxfordshire, these have been termed “neighbourhoods.” Locally, some practices have been working together for some time and so there is a solid foundation on which to build.</p> <p>Neighbourhoods are based around a GP registered list of approximately 30,000 – 50,000 patients. They build on the core values and strengths of general practice whilst also encompassing other partners, such as community nurses, social workers, and pharmacists amongst others. They aim to provide coordinated, holistic care as well as promoting self care and prevention in a more resource-efficient way.</p> <p>Neighbourhoods need to be small enough to maintain continuous care, local ownership and personal relationships between staff but large enough to provide economies of scale, resilience, neighbourhood integrated multidisciplinary teams, and joint recruitment.</p> <p>It is clear that we will see greater national encouragement to work in this way, with neighbourhood working being referenced in various national documents and likely to feature prominently in the <i>NHS Long Term Plan</i>.</p>
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<p><b>Engagement: clinical, stakeholder and public/patient:</b></p> <p>In view of the recent national push and the announcement of non-recurrent funding to Oxfordshire, a discussion took place on 13<sup>th</sup> November between Oxfordshire</p>
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CCG, Oxfordshire Care Alliance (the four Federations and Oxford Health) and LMC. A plan to support ongoing development of neighbourhoods was discussed.

**Financial Implications of Paper:**

N/A

**Action Required:**

The neighbourhoods are asked to work with the Oxfordshire Care Alliance (OCA) and the CCG to continue to build on the development of neighbourhood working, encompassing the wider primary care and community teams.

**OCCG Priorities Supported** (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

**Equality Analysis Outcome:**

Not undertaken

**Link to Risk:**

AF 26 – Delivery of Primary Care Services

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**Date of Paper:** December 2018

## Neighbourhoods – further development

### Background

Nationally, there is emerging evidence that practices, patients and the wider health and care system could benefit from becoming part of a local Primary Care Network. In Oxfordshire, these have been termed “neighbourhoods.” Locally, some practices have been working together for some time. There is therefore a solid foundation on which to build.

Neighbourhoods are based around a GP registered list of approximately 30,000 – 50,000 patients. They build on the core values and strengths of general practice whilst also encompassing other partners, such as community nurses, social workers, and pharmacists amongst others. They aim to provide coordinated, holistic care as well as promoting self care and prevention in a more resource-efficient way.

Neighbourhoods need to be small enough to maintain continuous care, local ownership and personal relationships between staff but large enough to provide economies of scale, resilience, neighbourhood multidisciplinary teams, and joint recruitment.

### Primary Care Networks/Neighbourhoods

Primary Care Networks have been defined as below:

#### **Core characteristics of a Primary care Network:**

(Adapted from Draft NHSE Primary Care Network Reference Guide August 2018)

- **Practices working closely with other local health and care providers** to provide coordinated holistic care
- **Based around natural local communities** with assessment of local population need to shape service design
- **Matching different needs:** episodic care for the healthier patients and more joined up MDT care for complex conditions
- **Focus on prevention, self care and holistic care** and connecting patients to other services, including the voluntary sector
- **Making best use of resources across practices**

The aims can be summarised as: (Adapted from Draft Primary Care Network Reference Guide August 2018)

For practices:

- **Greater resilience** by sharing staff and other resources
- **Free up GP time** as more tasks are routed to appropriate professionals e.g. pharmacists, physiotherapists, social workers, care navigators **Easier access** to these other professionals in the community
- **More satisfying work** with each professional able to focus on the tasks they do best
- **Greater influence** on decisions made elsewhere in the health system

For patients:

- **Joined up services** where everyone they engage with knows about previous interactions
- **An increased focus on prevention** and helping people take charge of their own health
- **Earlier intervention for patients with long term conditions** through proactive monitoring and more rapid recognition of deterioration by one of the MDT team.

For wider health and care partners:

- **More resilient primary care**
- **Primary care being core partners in the system decision making**, helping to drive a more population-focussed approach to decision making and resource allocation
- **Better coordination across organisational boundaries**
- **Wider range of services in the community** so patients don't default to the acute sector

## National and local context

It is clear that we will see greater national encouragement to work in neighbourhoods. This model has been referenced in the following:

- **The NHS Long Term Plan** is eagerly awaited and it is anticipated that integrated neighbourhood working will be a key feature
- **Refreshing NHS Plans 2018-19** set out the ambition for CCGs to actively encourage every practice to be part of a neighbourhood
- **NHS England published a Review of the Quality and Outcomes framework** (July 2018). It is looking to measure or award quality payments at network level. A network version of QOF with a select number of sites may be trialled by NHSE nationally from 2019.
- **NHS England Primary Care Network Reference Guide** (Draft August 2018)

- **Integrated Care Provider contract consultation** (August 2018) is currently underway
- **Oxfordshire provider collaborative arrangement** (2018) – encourages integrated working by agreeing integration objectives in the provider contracts

## **The Oxfordshire approach to Neighbourhoods**

Since as early as July 2016, the four Oxfordshire Federations have been developing elements of a clinical model based on neighbourhoods. This approach was incorporated into the Primary Care Framework in March 2017 and was further clearly defined in the locality plans. Since then, all practices have been allocated to a neighbourhood and some have made good progress by testing ways of working across practices and with other services such as pharmacists, mental health workers and community teams. This has provided a good basis on which to build.

## **Oxfordshire Care Alliance (OCA)**

Complementing this evolving clinical model, the four Oxfordshire Federations and Oxford Health Foundation Trust have been working together to establish the Oxfordshire Care Alliance (OCA), a provider collaborative that is in keeping with latest NHS Oxfordshire and NHSE thinking. One of the OCA's core principles is neighbourhood-focused delivery. The OCA has already been realigning the community workforce into a network of connected neighbourhoods across the county.

## **Funding**

Oxfordshire CCG has received confirmation that it will receive at least £600k non-recurrently in order to accelerate the maturity of the neighbourhoods/Primary Care Networks. It is expected that this funding will be used for advancement and organisational development of the neighbourhoods as well as delivery of patient benefits as a result of the neighbourhoods being more mature.

A meeting was held on 13<sup>th</sup> November between CCG, OCA and LMC colleagues to discuss this. At this meeting, the key role that the Oxfordshire Care Alliance (OCA) has in the development of multi-disciplinary integrated care teams was discussed. In line with this, the CCG's Executive Committee agreed that this money will flow to the OCA partners and the OCA partners will work closely with neighbourhoods and with the CCG to develop a plan for neighbourhood advancement.

NHSE will be expecting feedback on how the funds have been spent and on the progress made. They have provided a 'Primary Care Network Maturity Matrix' to guide this work.

## **Next Steps**

1. OCA partners, supported by the CCG, will now work closely with Oxfordshire's neighbourhoods to develop a plan to enhance the neighbourhood model of working further. This may include determining:

- Current maturity of each neighbourhood
- Local population needs
- How to develop integrated care teams (including CMHTs)
- How care may be delivered to meet the needs of the local population (including prevention and mental health) as well as align with system priorities.

2. A portion of each December Locality meeting will focus on the neighbourhood concept and in particular to:

- Firm up the neighbourhood formations
- Agree a baseline maturity status for each neighbourhood

3. Members of OCA and the CCG will meet in late December to firm up the priorities for this piece of work. The OCA will be leading on this, with close working with each neighbourhood, and will be supported by the CCG (Julie Dandridge, CCG managerial lead, and Kiren Collison, CCG Clinical Lead).

***Kiren Collison, December 2018***