

CCG REPORT COVER SHEET

Meeting Title:	Primary Care Commissioning Committee - PUBLIC	Date: 15 June 2021
Report Title:	Primary Care Network Development 2021/22	Agenda Item: 2.6
Chief Officer:	Jessica Bawden, Director of Primary Care	
Clinical Lead:	Abby Richardson	
Report Author:	Nicola Harris/ Jo Fallon	
Document Status:		
Report Summary:	This paper updates the Committee on progress with the Primary Care Network development across Cambridgeshire and Peterborough.	
Report Purpose:	For Assurance <input checked="" type="checkbox"/>	For Decision <input type="checkbox"/>
Recommendation:	The Committee is asked to note the content of the report	
Link to Corporate Objectives: 2020/22	Ensure everyone has the opportunity to improve their health and well-being	x
	Level-up health and care provision to ensure our communities in areas of high deprivation and need get the resources needed to minimise inequalities	x
	Focus time and resources on areas where people receive most of their health and care services, the community	x
	Facilitate organisations to join forces at 'place' and offer 'patient first' well-co-ordinated efficient services to those who need them.	x
	Deliver our statutory financial commitments as best as possible	x
CAF (Strategic Risk) Reference	Description of Risk	Current Risk Score
CAF07	There is a risk that the business models for delivering primary care services become unsustainable impacting on access to primary care services.	9 3x3
Impact Assessments <i>(Please tick box to indicate completed / not required. Please reference and expand main report)</i>	Equality	n/a
	Health Inequalities	n/a
	Health Impact	n/a
	Data Privacy	n/a
	Sustainability	n/a
	Quality	n/a
Financial Impact	n/a	
Chief Officer/ SRO Sign Off:	Jessica Bawden – Director of Primary Care	
Chief Finance Officer Sign Off: (if required)	n/a	
Legal implications	Failure to deliver on the Statutory duties of the CCG under Delegated Commissioning	
Conflicts of Interest	In line with the CCG's Conflicts of Interest Policy	
Report history:	Update given quarterly at previous Primary Care Committee Meetings	
Next steps	Updates will continue to be presented to the Primary Care Commissioning Committee and any recommendations that requires further sign off to be included in reports to Governing Body.	

MEETING: PRIMARY CARE COMMISSIONING COMMITTEE

AGENDA ITEM: 2.6

DATE: 15 JUNE 2021

TITLE: PRIMARY CARE NETWORK DEVELOPMENT 2021/22

FROM: JESSICA BAWDEN, DIRECTOR OF PRIMARY CARE

1 ISSUE

The purpose of this report is to keep the Committee informed on the development of the Primary Care Networks (PCN) across Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG).

KEY POINTS

2 Primary Care Network (PCN) Development Funding

2.1 2020/21

Following engagement with the Clinical Directors the decision was taken to share the £690k funding equally across the 21 PCNs with a recommendation that 50% of the funding was directed to support:

- Operation delivery
- Leadership
- Change management.

The other 50% utilised at scale to resource a management support package, support with recruitment, financial support, and embedding the additional roles.

2.2 The CCG will carry out a light touch reporting process with the PCNs to check on progress and spending.

2.3 2021/22

NHSE/I have confirmed the amount of funding will be £461K for Cambridgeshire and Peterborough, and should be broadly used to:

- Support development and maturity of PCNs
- Improve patient access
- Improve working conditions for staff

2.3 Expected deliverables for the funding:

- Aligned to established priorities
- Recruit, embed and retain new staff
- Workforce planning, operational delivery, building resilience, training, and developmental supervision
- Enhance integrated working
- Wider primary care services, Local Authority, community and voluntary sector
- Supporting a reduction in health inequalities
- Use of data, population health management, developing links with communities and community organisations

- 2.4 The CCG will work with the Alliances, and Local Medical Committee (LMC) to facilitate the same process as 2020. There will be engagement with the PCN Clinical Directors via a survey to understand their proposals. The CCG will be required to provide a year-to-date summary of how funds are deployed to the PCNs by Quarter 4 to the Regional NHSE/I team. The Region will need to provide assurance to National NHSE/I team that funding has been used appropriately.

3 PCN Maturity

- 3.1 In September 2019 the CCG worked with the Alliances to complete a baseline assessment using the NHSE/I Maturity Matrix framework.
- 3.2 Regional NHSE/I team have requested a review of the 2019/20 assessment in readiness for National NHSE/I oversight by the 30 June 2021.

4 Early Cancer Diagnosis

- 4.1 The Early Cancer Diagnosis specification was implemented in October 2020 and requires PCNs to improve referral practice and screening uptake through network level activity.
- 4.2 NHSE/I have requested a progress report to be submitted by 30 June. The report will cover referral process, screening uptake, and developing a community a quality improvement project.

5 Structured Medication Reviews (SMRs)

- 5.1 The SMR specification was implemented in October 2020. PCNs are required to identify and prioritise the PCN's patients who would benefit from a structured medication review.
- 5.2 NHSE/I have requested a progress report to be submitted by 30 June. The report will cover engagement with the Medicines Optimisation Team, and community pharmacy, use of appropriate tools, cohorts prioritised, and a process to ensure quality standards.

6 Enhanced Health in Care Homes (EHCH)

- 6.1 The EHCH specification was implemented in October 2020, with the following contractual deliverables: -
- Care Home alignment with PCN
 - Named clinical lead in place
 - MDT established by PCN and CSP
 - Weekly home round in place
 - To ensure personalised care and support plans are in place within care homes
 - To support care homes in recognising early signs of deterioration
 - To enable all care homes to have access to an NHS Mail account and Support with DSPT compliance.
- 6.2 The Region have set up a subgroup to provide support on the deliverables, and the National drive on new 21/22 clinical priorities (dementia and older people mental health, wounds of the lower leg, end of life and palliative care, falls strength and balance).

7 Personalised Care

- 7.1 In May 2020 the CCG/STP signed a Personalised Care memorandum of understanding (MOU) with NHSE/I. The MOU supports delivery of the Comprehensive Model across Cambridgeshire and Peterborough ICS, this will be delivered over the 3 years 2020/21 to 2022/23. It will be reviewed and updated, where necessary, on an annual basis.
- 7.2 The Personalised Care Working Group (PCWG) for Cambridgeshire and Peterborough established in September 2020. The aim of the group is to deliver the comprehensive model of personalised care which fully embeds the following six components, shared decision making, personalised care and support planning, enabling choice, social prescribing and community-based support, supported self-management, personal health budgets and integrated personal budgets.
- 7.3 The PCWG was paused in November 2020 due to the priority delivery of the vaccination programme. The PCWG will re-launch on 17 June. There will be an initial review of the previous priorities identified, and development of a local delivery plan.
- 7.4 NHSE/I have requested a progress report to be submitted by 4 June and a baseline assessment to be submitted by 30 June.

8 Additional Roles Reimbursement Scheme (ARRS)

- 8.1 PCNs were required to submit their workforce plans to the CCG/ NHSE/I in August 2020. The plans were reviewed and revised, resubmitted in October and finalised in November 2020.
- 8.2 NHSE/I have requested the PCN workforce plans are updated and resubmitted by 31 August 2021.

9 RECOMMENDATION

The Committee is asked to note the content of the report.

Author ***Nicola Harris - PCN Programme Development Manager (North Alliance)***
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