

HEALTH AND WELLBEING BOARD

27 June 2023

PRIMARY CARE STRATEGY

Report of the Portfolio Holder for Adult Care and Health

Strategic Aim:	Healthy and Well	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Diane Ellison: Portfolio Holder for Adult Care and Health	
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Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That the Committee:

1. Notes the attached Primary Care Strategy for Leicester, Leicestershire and Rutland.

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this briefing paper is to provide assurance to the Rutland Health & Wellbeing Board that our primary care strategy has had the appropriate level of input from our key leads within the Integrated Care Board, system partners, patients and voluntary organisations.
- 1.2 The Rutland Health & Wellbeing Board are asked to note the attached primary care strategy, appreciating this is a living/agile piece of work which will be updated at regular intervals.
- 1.3 The Rutland Health & Wellbeing Board is asked to also note future work to the strategy which include:
 - a) Developing a revised primary care strategy towards the end of 2023 which will allow us to review how we are working with our Pharmacies, Optometrists and Dentists (PODs).
 - b) Produce an online interactive primary care strategy, adapted to suit different audiences i.e. public facing.
 - c) Develop a series of supporting documents, such as theme summaries, toolkits and easy reads

2. BACKGROUND AND MAIN CONSIDERATIONS

2.1 The Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) recognises that Primary Care is the foundation of the NHS and the wider health and social care system, particularly as we develop working as Integrated Care Systems.

2.2 Primary Care is the fulcrum and first point of entry for the prevention and treatment of illness and poor health. Developing an LLR Primary Care Strategy that outlines the need for Primary Care providers to work together collaboratively with a shared aim of keeping people healthy and independent, and to ensure that those requiring care will be treated in the most appropriate place by the appropriate healthcare professional.

2.3 Like all other health and social care organisations, the pressures of Covid-19 have been felt significantly in Primary Care. Since the start of the pandemic in March 2020, Primary Care has continued to deliver services to our population and has quickly embedded new ways of working.

2.4 Therefore, it is imperative that we recognise the value of Primary Care and design our Primary Care Strategy so that it will work towards building resilient, sustainable, and thriving Primary Care Services which will be at the heart of an integrated health and social care system; setting a clear vision to improve the overall health and wellbeing across our population of LLR.

2.5 The LLR Primary Care Strategy sets out the commitments that the LLR ICB will make in the next three years which are:

- a) Working collaboratively with our system partners across System, Place and Neighbourhood to deliver on the key health and wellbeing challenges our people face.
- b) Implementing Population Health Management and personalised care approaches to improve health outcomes and address health inequalities (Core20Plus5 in particular).
- c) Tackle variation, restoring and improving the parity of access to Primary Care services – ensuring this meets the needs of patients at place and neighbourhood.
- d) Supporting the health and wellbeing of Primary Care workforce, in line with the Workforce Strategy, which includes promoting recruitment, retention, supervision, mentoring and coaching opportunities as well as training and development.
- e) The NHS Long Term Plan (LTP) includes priority commitments to support people keeping healthier for longer. We are working with partners both within the NHS and outside to help people make healthier lifestyle choices and treat avoidable illness early on. Therefore, focusing on the Prevention agenda by taking full advantage of the opportunities to transform the delivery of service, including key preventive areas such as cancer services, mental health, etc.
- f) Care closer to home: Transforming community services and improving discharge, including implementation and delivery of Virtual Wards supported by primary care, which allows patients to get the care they need at home safely and conveniently, rather than being in hospital.
- g) Partnership working with other primary care providers such as Community Pharmacies, Opticians and Dental practices to deliver care through a personalised approach.

2.6 The Primary Care Strategy would need to be aligned to the vision, values and objectives of the LLR Integrated Care Board.

3. PRIMARY CARE STRATEGY OVERVIEW

- 3.1 The original Primary Care Strategy was published in 2019 as part of a collaborative integrated working approach through achievements with the Better Care Fund.
- 3.2 The strategy builds on this and our existing local health and wellbeing strategies and place led plans across LLR, solidifying our commitment and shared aspirations.
- 3.3 We share our view of our primary care priorities and propose these are used as a starting point for collaborative delivery of our vision.
- 3.4 Alongside these priorities we then recommend next steps for collaborative work aimed at all the organisations representing primary care in LLR, the ICS and ICB and for primary care professionals themselves.
- 3.5 We describe why it matters and what it might mean for our patients, colleagues, and partners.
- 3.6 We conclude by emphasising our commitment to giving everyone within LLR both a voice and stake in being able to create a community which provides the very best health and social care service.

4. WHY WE NEED TO DO THIS WORK

- 4.1 We needed to refresh our primary care strategy and reset our vision for primary care to ensure that our ambitions are reframed and refocused as we join forces and unite as one team. Working with a shared purpose, common goals, and a system-wide commitment to collaborate and act together to address:
 - a) National changes, contract reforms and the changing structures of the health and care system affecting primary care.
 - b) Key system challenges: many of which are also felt in primary care.
 - c) New models of care driven by changing public expectations, patient need and a focus on improving population health.

5. HOW WE DEVELOPED THE STRATEGY

- 5.1 Fuller Stock-take Steering Group acted as a Primary Care Strategy Task and Finish Group and supported with the development and delivery of the strategy.
- 5.2 We started developing the strategy by properly understanding the strategic shift affecting primary care, agreeing on a framework and methodology to approach our development; as summarised in section 3 of the strategy.
- 5.3 We utilised a range of data and insights from both local and national engagement exercises. These include:
 - a) The National Patient Survey 2022 with over 14'000 responses.
 - b) Local survey with over 5000 responses.
 - c) The Enhanced Access Report with over 44'000 responses.
 - d) Listening sessions with each of the 26 LLR PCNs.
 - e) The summary of findings from these surveys can be found within the strategy in appendix 2.

- 5.4 Used secondary data collected including for the Building Better Hospitals Report of Findings (May 2021) and the, Step up to Great Mental Health Report of Findings (October 2021). All this robust data contributes to our Behaviour, Insights and Marketing Hub.
- 5.5 Used intelligence from our monthly meetings with the GP practice Patient Participation Group Network and via our online eCitizens' panel comprising of 1,300 local people who actively feedback their experiences and insights of local services.
- 5.6 Adopted the set of ICS guiding principles, hanging our work of the wider ICS principles and priorities. i.e. Equitable Access
- 5.7 Triangulating with our wider LLR ICS/ICB ambitions and priorities, the NHS LTP, LLR place led plans, and district level plans. As well as linking back to our ICB 5 year plan and the ICB clinical model as both these strategies represent the 'clinical thinking' and 'priority actions' for health and care across LLR.
- 5.8 Ensuring our primary care priorities are applicable at all three levels. (Neighbourhood, Place, System), as they offer flexibility for places to balance and apply them varyingly, depending on local need.

6. CONSULTATION

6.1 The following people, groups or organisations for have been involved informing, contributing, and developing our Primary Care Strategy:

- Our LLR Patient Participation Groups
- Public and Patient Involvement Assurance Group
- General practice and PCNs across LLR
- Voluntary, Community and Social Enterprise Alliance
- LLR Professionals Committee: LMC (Leicester Medical Committee), LOC (LLR Local Optometric Committee), LDC (LLR Dental Committee), LPC (LLR Pharmacy Committee)
- Local Authorities and District Councils
- The patients and public of Leicester, Leicestershire and Rutland
- Our LLR ICB colleagues from all directorates
- The LLR ICB PCTB (Primary Care Transformation Board)
- Our LLR ICS and ICB Governance, Delivery, Assurance, Design Groups, ISOC, JICB, IDG, Health and wellbeing Boards
- Our LLR ICB Clinical leads, SME's and PCN Clinical Directors
- Public Health, Health Education England, NHS Colleagues, from Leicester City, Leicestershire & Rutland
- Healthwatch Leicester, Leicestershire & Rutland
- Our Strategic Partners: UHL, LPT, EMAS, DHU
- All our system partners

6.2 A full list of stakeholder engagement can be found in Appendix B.

7. KEY CONSIDERATIONS

7.1 Our current commissioning arrangements and responsibilities are heavily general practice focussed which is evident within this strategy. However, this is changing, which will help us reset our legacy view of primary care; appreciating primary care is

wider than general practice, and also includes urgent care, pharmacy, dentistry, and optometry services.

- 7.2 We acknowledge that as with other health and social care systems, our local strategic commissioning arrangements, place planning, provider alliances and Primary Care Networks are still evolving with much of the detailed changes yet to emerge, including the direct commissioning of wider primary care services such as pharmacy, dentistry and optometry.
- 7.3 The Primary Care Strategy was not developed in isolation, but to ensure that it further aligns with the wider Health and Wellbeing Strategies across LLR. The strategy acknowledges the needs of Rutland, noting it's patient profile.
- 7.4 Rutland has a population of around 40,000 living in a rural area with two market towns - Oakham and Uppingham. The county has an older population, with almost 24% being over 65. Although life expectancy at birth for males and females is generally better than the national average, Rutland faces challenges in accessing care services, limited health infrastructure, and community health services. Some groups, such as low-income families, children with special educational needs and disabilities, the Armed Forces community, the prison population, carers, people living with learning disabilities, and certain farming communities, have poorer outcomes than the wider population in Rutland.
- 7.5 The guiding principles of the Rutland Health and Wellbeing Strategy are very much reflected within the strategy with a focus on person centred care that is delivered and streamlined through truly joint up working across partners within the health and care sector. The guiding principles and priority themes outlined in Rutland's Health and Wellbeing Strategy are very much echoed in those of the Primary Care Strategy as noted below:
- 7.5.1 Rutland Health and Wellbeing Strategy Priorities:
- a) The best start for life
 - b) Staying healthy and independent: prevention
 - c) Healthy ageing and living well with ill health
 - d) Equitable access to services
 - e) Preparing for our growing and changing population
 - f) Dying well
 - g) Cross-cutting themes
- 7.5.2 The LLR Primary Care Strategy focuses on 3 key themes:
- a) Population health, quality and prevention: Improve health and care outcomes and quality of care for our local communities by minimising avoidable, unfair differences in care. Levelling up by providing equal opportunities for all our people to lead healthy lives.
 - b) Joining up: Well led, collaborative, joined up care built with and for our local communities.
 - c) Access to care closer to home: Provide consistent, efficient, accessible, responsive, sustainable primary care services across LLR.
- 7.6 The Primary Care Strategy will continually be reviewed as the local and national picture for health and social care changes. This will include engagement within the ICB, with our system partners and offer public engagement opportunities to enhance the strategy going forward. i.e. Further PODs involvement

8. NEXT STEPS

- 8.1 Development of the delivery plan to support the delivery of the strategy.
- 8.2 Primary care in LLR is on a journey. This strategy acts as starting point for collaborative primary care action, providing us with a snapshot of some of the priorities and an approach to delivering them, we will add to this strategy in the near future as we look at doing the following:
 - a) A revised primary care strategy towards the end of 2023 which will allow us to review how we are working with our PODs as well as the development of LLR 5 Year Joint Forward Plan.
 - b) An online interactive primary care strategy, adapted to suit different audiences i.e. public facing.
 - c) A series of supporting documents, such as theme summaries, toolkits and easy reads.
- 8.3 Between now and then the recommendation from the steering group is to use the LLR Primary Care Transformation Board to oversee the development of the delivery plan and additional work, with oversight from the LLR System Executive and LLR Strategic Commissioning Board for feedback, comment and assurance.
- 8.4 Continued engagement and consultation with key stakeholders for the co-production of the delivery plan and supporting documents.

9. BACKGROUND PAPERS

- 9.1 There are no background papers.

10. APPENDICES

- 10.1 Appendix A – ‘ONE LLR’ Primary Care Strategy 2022-2025
- 10.2 Appendix B – Stakeholder Engagement

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577