



## Provider Collaborative Board

27 March 2023

### Provider Collaborative Programme Director Report

- Work continues across the system to establish each portfolio and identifying further opportunities for provider collaboratives.

### Provider Collaborative Projects

Most provider collaborative opportunities are at Stage 2 of our development process. These cannot be moved into Stage 3 mobilisation until we are clear on what metrics we are measuring and how they will be delivered.

Current projects:

#### Stage 1: Acute Care at Home (Urgent and Emergency Care Portfolio)

The Acute Care at Home Service would like to be considered as a Provider Collaborative, based on the underpinning design principles, Case for Change, Governance and Accountability structures that are in place. It has been acknowledged that there are complexities and challenges of integrating work across the four main trusts within the Integrated Care System (ICS) – University Hospital of North Midlands (UHNM), Midlands Partnership University Foundation Trust (MPFT), University Hospital of Derby and Burton (UHDB) and Royal Wolverhampton Trust (RWT). The hope is that these challenges will continue to be streamlined to support future collaborative working.

A Memorandum of Understanding (MOU) has been put in place with UHNM and across the four main trusts: MPFT, UHNM, UHDB and RWT. The accountability arrangements are being discussed.

The Board were asked for support and guidance acknowledging that Acute Care at Home is a provider collaborative and what the next steps should be.

It was acknowledged that this is clearly a Provider Collaborative Partnership. The Board were asked if they would be happy to move this project into Stage 3 mobilisation. All present gave approval.

#### GP Primary Care Collaborative Update (Primary Care Portfolio)

The General Practice (GP) Five Year Forward Strategy was presented to the Board.

The basis of the GP strategy is to put patients at the centre of our plans ensuring that we support the workforce and have the right estate and digital technologies to build into core general practice but equally into the Primary Care Networks and their partners. This is a system piece of work, reliant on all partner organisations.

The proposal is to have a 'think tank' to gain views about how we deliver this. The Board were asked for representatives from their organisations to support this work.

## **NHS Staffordshire and Stoke-on-Trent Integrated Care Board**

It was noted that the experience in terms of workforce and access demand will not be unique to general practice; providers will be experiencing this too. However general practice does not have a corporate infrastructure to fall back on or the interconnectivity with other providers, so the solutions must come from the system. Therefore, there is support for the 'think tank' suggestion.

### **UHNM – Primary Care Networks (PCNs) Clinical Collaborative (Primary Care Portfolio)**

The Provider Collaborative Board were asked to support UHNM-PCN's Provider Collaborative to undertake any activity within its Terms of Reference (ToR).

The key objectives of the collaborative will be to provide clinical leadership to support delivery of:

- key priorities aligned to the clinical strategy, by working together at scale so we provide the best care/outcomes for our local population.
- improved working across the primary-secondary care interface to improve the productivity, efficiency, resilience, patient, and clinician experience.

This forum brings structure to the previously known UHNM GP Engagement Group. The ToR have already been supported by the Primary Care Collaborative Forum.

The Provider Collaborative Board ratified the ToR and gave support for the establishment of the UHNM-PCN's Clinical Collaborative.

### **Primary and Secondary Care Consensus (Primary Care Portfolio)**

On 26 September 2022, a letter to systems was released by NHS England from Amanda Pritchard, "Supporting general practice, primary care networks and their teams through winter and beyond". Within this letter was a request to support the reduction of bureaucracy and burden on general practice, and to improve professional behaviours.

To support this, a consensus document has been produced with colleagues from the Integrated Care Board (ICB) Medicines Optimisation Team, with representation from University Hospital of North Midlands (UHNM), Midlands Partnership University Foundation Trust (MPFT), University Hospital of Derby and Burton (UHDB) North Staffordshire Combined Healthcare NHS Trust (NSCHT) and North and South Staffordshire Local Medical Committees (LMCs). The final draft outlines the values for all principles for general practice and secondary care. It is noted that this is an evolving document.

The Provider Collaborative Board approved the consensus on the primary and secondary care interface with the expectation that individual providers also give approval.

### **Provider Collaborative Update on the One Year Plan**

The NHS England draft submission was made on 23 February. This submission is primarily focused around recovering core services and productivity for activity in urgent care, planned care, cancer, and diagnostics.

At Integrated Care Board (ICB) level, draft activity and performance plans indicate that there are currently four areas of non-compliance with national recovery ambitions. All our acute providers contribute to the non-compliance in one or more metrics.

- Cost weighted activity (target 103%) draft plan 102.8%
- Elective Recovery Fund (ERF) total activity 91%.
- Reduction of 52 week waits
- Elimination of 65 week waits

The expectation is the Operating Plan will be agreed by 30 April. The Provider Collaborative Board discussed and noted the contents of the Operational Planning update.

## **Planning Update – Joint Forward Plan (JFP) Overview**

All Integrated Care Systems (ICS) are expected to produce three key outputs:

- Integrated Care Strategy
- Operational Plan for 2023/24
- Joint Forward Plan for 2023/24-2028/29

The final version of the Joint Forward Plan (JFP) will be presented to all relevant governance forums from 31 May 2023 onwards. The Draft JFP will be shared with the two Health and Wellbeing Boards over the next few weeks to obtain their statement of support to the JFP for inclusion in the final version of the plan. The Provider Collaborative Board noted the update on the approach to developing the JFP.

## **Delegation of NHS England Direct Commissioned Services**

From 1 April 2023, ICBs will receive delegated responsibility for Primary Pharmacy and Optometry services, as well as Primary and Secondary Dental Services (POD). These delegations will complement the already-delegated duties for Primary Medical Services (General Practice). This will be £103m worth of services delegated to the ICB from April - 242 Pharmacies, 134 Dental Practices and 79 Optometry Practices. The teams wrapped around these services will also be transferred to the ICB from 1 July 2023 and managed through the office of West Midlands.

From April 2024, the delegated responsibility will extend to include some elements of specialised commissioning. Specialised commissioning has been through a national clinical lead process, which has allocated 150 services into three categories, those that are suitable and ready for delegation, those that are suitable but not yet ready and those that will never be delegated due to the specialist nature of what they are.

The Provider Collaborative Board noted the update and agreed to receive an update in September 2023 following the completion of the Phase 1 process.

## **Date and Time of Next Meeting:**

24 April 2023 from 2:00 pm until 4:00pm via Microsoft Teams