**Situation**

The Primary Care & Community Services workstream had been tasked with answering the following question:

*How do we deliver the model for primary and community services in North Wales?*

At the final event on 24th June 2009 the expert and stakeholder groups agreed the following areas as priorities for further consideration:

1. To support the concept of localities and, in consultation with local authorities, primary care contractors and voluntary sector organisations, to develop the model. It was recognised that the rate of progress and the level of integration will be negotiated locally with these key partners.

2. To work with the Unscheduled Care work-stream to develop the model of a Communications Hub.

3. Together with Public Health Wales to continue to develop a service profile. Consideration should be given to the level of information collated and analysed at a North Wales, county and/or locality level. This will include consideration of unmet need and inequity of access to services.

4. Further develop the financial model to better understanding of the finances currently available for the delivery of primary care and community services.

These next steps were subsequently approved by BCUHB Shadow Board at their meeting on 24th July 2009.

BCUHB has continued to work with key partners to progress these four agreed priorities.

The following report provides an update of this work to the Stakeholder Group, detailing next steps to be taken.

**Background**

Over the first phase of the ‘90 Day R&D Project’ the following work was undertaken supported by the then National Public Health Service:

- Review of local work undertaken to develop Health, Social Care and Well-
being Strategies, Community Services Frameworks and Chronic Conditions Action Plans.

- Desktop healthcare needs assessment using existing published material;
- Rapid review of literature in relation to shifting care to community settings;
- Summary of the feedback received on the project to date;
- Proposed description of the future model of care.

The core group considered the comments received and agreed the areas for further, more detailed work based on the level of feedback from the stakeholders/experts and what the core group felt would provide the greatest benefit to the project.

At the end of Phase 2 we:

- Began to scope the concept of a communications hub, providing one point of access to service information for professionals, carers and patients;
- Began to address the detail with regards to further clarity and definition of localities, including structure and access to services, as well as governance and leadership arrangements;
- Began to develop a more detailed summary of current service provision across North Wales, including specific examples of good practice and financial mapping.

During Phase 3 the core group carefully reflected upon the further feedback and comments received. Whilst progress has been made, further areas of clarity were debated at the event on the 24th June in order that agreed recommendations could be finalised and the work taken forward.

**Localities**

The principles of a locality model for North Wales were considered and supported by participants. This concluded that core primary care and community services should be organised in the following way:

- **Practice-based services;** GP practices, pharmacies, opticians and dental practices.
- **Services coordinated at a ‘cluster’ level:** Clusters of practice based services are identified which support the development of closer working relationships between GP practices whilst still maintaining their independent status. Advanced knowledge and skills can be shared between neighbouring practices in support of identified patients whose needs cannot be fully met by their registered practice.
- **Services available at a locality level.** Localities are defined as multi-disciplinary teams supporting a defined area and comprising primary, community and social services. Each team will operate within formal governance and accountability frameworks as agreed with all partners.
• **Services available above a locality level.** This level could be across two or more localities, county-wide or cross-counties, based on the demand for particular services and specialism’s.

It is recognised that many of these services will be delivered from a variety of settings such as the patient’s home, GP surgery, community pharmacy, clinic, care home or hospital. The boundaries of clusters and localities will be agreed in partnership between clinicians, local authorities and voluntary sector partners and it is envisaged that the locality model will:

• support meaningful engagement with service users and the public as they will be more aware of the nature of communities and their current experience of service delivery than they would be at the larger, whole county level;
• support closer engagement with local bodies and agencies, including local representative structures such as Town and Community Councils;
• support and enable mapping and description of the way in which services are currently delivered, and also make the identification of gaps in services easier;
• allow the development of public services to both capitalise on, and to support and enable, wider community development as it gives a stronger voice to members of the community;
• strengthen existing informal networks, between health and social care professionals, and between statutory and voluntary sector providers.

**Communications Hub**

There are various examples within the UK where the concept of a communications hub has been established. They offer the potential to ensure that patients and professionals benefit from up to date knowledge regarding the range of community based services available to support patients within their own home or community setting and avoid unnecessary hospital admissions.

Both the expert and stakeholder groups emphasised the need to ensure that any development of a communication hub did not duplicate existing services and was complimentary to the development of the hospital element of unscheduled care.

**Service Mapping**

Participants recognised the differences in current information regarding community services.

A baseline mapping exercise was undertaken to identify key services and begin comparison across North Wales. Further work was recommended to link existing services to population health needs to aid service and financial planning in the new Health Board.
Financial Information

As with service mapping, a lack of comprehensive financial data was highlighted as a barrier to effective planning. Modelling work undertaken by Gwynedd Local Health Board was considered by the expert and stakeholder groups and its potential to assist planning, if further developed, was noted.

Assessment

‘Setting the Direction, was published in November 2009 by Dr Chris Jones on behalf of WAG and states that, ‘Creating world-class health services in Wales requires the transformation of primary and community services’.

This Primary and Community Services Strategic Delivery Programme for Wales is based upon the following key components:

- Communications hub
- Locality Networks
- Community Resource Teams
- Hospital Interface

These national recommendations sit comfortably with the recommendations made for North Wales by the expert and stakeholder groups.

In addition the principle of locality working has been approved by the BCUHB Board as outlined in the BCUHB Strategic Direction, ‘A blueprint for the future’ with the focus on Clinical Programme Groups and locality based delivery of community services.

As a result BCUHB has established the Primary Care & Community Services Implementation Board, chaired by Dr Lyndon Miles, to ensure that good progress is made in all aspects of this work.

It is proposed that 6 monthly update reports will be provided to the Board of BCUHB via the Primary Care & Community Services Implementation Board.

Localities

BCUHB has continued to work with each of the six Local Authorities in North Wales to ensure that progress made to date in implementing locality structures with partners, is maintained and developed, and ongoing discussions with partners is reflected in the ongoing work.

A detailed description as to how a locality model will work alongside the CPG structure of BCUHB will be presented to the Board in early 2010. The Primary,
Community and Specialist Medicine Clinical Programme Group will be tasked with paying specific attention to the development of localities.

It is recognised that the pace of development for specific localities will be different, depending on progress previously made and particular local issues; these will be negotiated locally with these key partners.

The recruitment process for GP Clinical Leads for each locality will be commenced in March 2010. Each locality will also be supported by locality coordinators.

**Communications Hub**

Planning and operational links for this project have been made with the Modernising Unscheduled Care Strategic (MUCS) Board who have been fully briefed on this work. All partners on the MUCS Board have given their support to further explore the potential benefits for North Wales of developing a communications hub supported by a detailed business case/proposal.

The commitment of partners has been further secured with the establishment of a multidisciplinary project team to drive the project forward, with representation from GPs, Social Services, Voluntary Sector, NHS Direct, Welsh Ambulance Services Trust (WAST), Users and Secondary Care Clinicians. However the project board has not met recently due to the need to further clarify the scope of the project. A clear, detailed definition of the scope of a communications hub and how this will support the delivery and management of unscheduled care at a North Wales and locality level is required. This will be discussed further at the March meeting of Primary Care & Community Services Implementation Board.

There are early indications that the work can be progressed with WAST as a key partner as part of their ambition to establish a clinical contact centre for North Wales. This is seen as an exciting opportunity to working closely with WAST in realising the development of a communications hub for North Wales.

In addition pilot projects, embracing the principles of a communications hub, are being progressed in Anglesey and Rhyl. The learning from these pilots will feed into the main project over the coming months, to also include the communications requirements at a locality level.

A development plan will be produced by May 2010.

**Service Profile**

This work is being progressed with the support of Public Health, Wales and a service profile will be published by March 2010.

The current objective is to clarify and prioritise the areas/services requiring additional development and information analysis, with progressive information
being provided.

This will be a ‘live’ document that supports numerous areas of work such as the revision of county based needs assessments, the financial modelling project and the development of the communications hub, as well as providing detailed service information for the Primary, Community and Specialist Medicine CPG. Mechanisms will be therefore be agreed to ensure that the profile is kept up to date over agreed periods of time.

**Finance Modelling**

The Director of Primary, Community & Mental Health Services has put in place local arrangements to take forward the financial modelling to support the future planning of services, with expenditure for primary care and community services mapped at a county, locality and GP practice level.

The model for undertaking this work will be finalised in March 2010 and rolled out across North Wales during 2010/11, with mapping of expenditure undertaken to support the locality structure.

These areas of work will form part of the Primary, Community & Specialist Medicine CPG operational plan for 2010/11 and beyond.

**Equality Impact Assessment**

An EIA has been undertaken on this work to ensure that equality issues have been taken fully into account as part of the '90 Day' process.

**Recommendation**

In considering the updated report, the stakeholders are asked to:

- Note the progress made;
- Seek clarification regarding any aspect of the four work areas reported;
- Note that, in taking specific areas of work and local projects forward, further engagement and involvement of stakeholders will be required at both a local and North Wales level. This will be determined and arranged at an individual project level.

It should be noted that the current '90 Day' Stakeholder Group will not be brought together again for this workstream but that future stakeholder involvement will be undertaken as described above.