WOLVERHAMPTON CCG

Primary Care Commissioning Committee
September 2019

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TITLE OF REPORT:	STP Primary Care Strategy 2019-2024
AUTHOR(s) OF REPORT:	Sarah Southall, STP GPFV Programme Director
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To confirm the status of the STP Primary Care Strategy.
ACTION REQUIRED:	☒ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• Further to the committee receiving a draft version of the STP Primary Care Strategy in May 2019 the document has since been strengthened based on feedback from all CCGs across the footprint. • The Strategy was submitted to NHS England in June for initial consideration and their approval was confirmed early July.
RECOMMENDATION:	1. The committee should note that the strategy has been approved by NHS England 2. The committee have a final opportunity to confirm if they wish for any amendments to be made to the document. This opportunity has also been given to other CCG Primary Care Commissioning Committees due to the short timescale for submission to NHS England in June. 3. Note that implementation of the strategy will commence following final feedback and the committee will be kept sighted on progress being made through links with the STP GPFV Programme Board.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	1 Improving the quality and safety of services we commission. 2 Reducing health inequalities in Wolverhampton. 3 System effectiveness delivered within our financial envelope.

Enclosure(s):   STP Primary Care Strategy V1.8

SLS/PCC-STP PCS/Sept19/V1.0
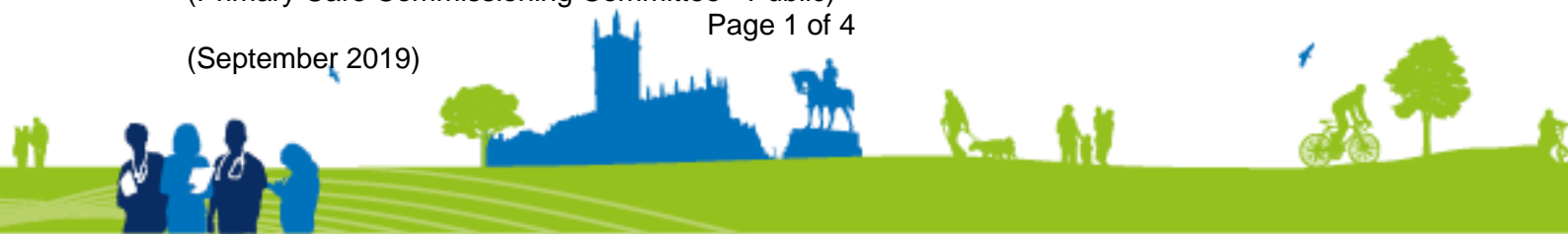
1. Purpose
1.1 To confirm the status of the strategy following initial consideration in May 2019.

2. Background
2.1 As referenced in the NHS Long Term Plan the STP is required to produce a Primary Care Strategy that articulates the vision and key priorities for the STP. Two main component parts of this strategy must focus on Workforce and the development of Primary Care Networks across the footprint.
2.2 A greater level of assurance, as well as funding opportunities are increasingly being targeted at STPs rather than CCGs and it is vital that there is a Strategy and Plan to manage these processes and maximise opportunities

3. STP Strategy
3.1 The Strategy has been approved by NHS England as all key requirements were satisfactorily evidenced in the draft submitted to them. The strategy specifically focuses on Governance (including financial reporting) and the development of a GPFV Programme Board, Workforce and training hub future state, Digital – via a strong focus on on-line consultation and 111 inter-operability, the development of primary care networks and estate transformation.

The strategy is firmly linked the STPs local plan to fulfill the Long Term Plan, particularly the key elements for out of hospital care, emergency hospital services, self-care, digital primary care and movement to become an integrated care system.

Measurement of the progress being made to implement and achieve the strategies objectives will be achieved with oversight from the STP GPFV Programme Board who will be responsible for ensuring measurement of all 9 areas takes place.

4. Clinical View

4.1 Clinicians from across the Black Country footprint have informed the development of the strategy, representatives include medical and nursing colleagues from the Clinical Leadership Group and CCG Clinical Chair(s), GP Leads etc.

5. Patient & Public View

5.1 A series of engagement events have taken place in each in each CCG and findings are captured within the strategy forming the basis for improvements in primary care over the next 5 years.

6. Key Risks & Mitigations
6.1 The STP Risk Register overseen by the GPFV Programme Board includes risks associated with the delivery of the objectives ie digital. This will be reviewed a project and programme level and shared in regular updates to Primary Care Commissioning Committees.
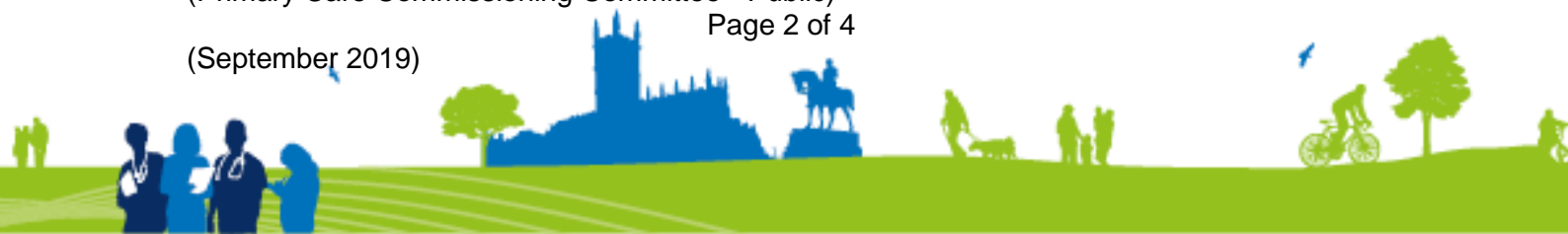
6.2   Equality Implications
        At local level CCGs have in place Equality Impact Assessments, an overarching
        assessment will be undertaken at STP level for the Long Term Plan that includes
        Primary Care.

6.3   Quality & Safety Implications
        The STP Chief Nurse has been involved in the development of the strategy and an
        active member of the GPFV Programme Board.

6.4   Legal & Policy Implications
        A separate Wolverhampton Primary Care Strategy also exists and defines more
        specifically the local programme of work that underpins how we will respond to the
        requirements of the NHS Long Term Plan. Therefore, the Wolverhampton Strategy
        is an important link and source of assurance for the committee to recognise.
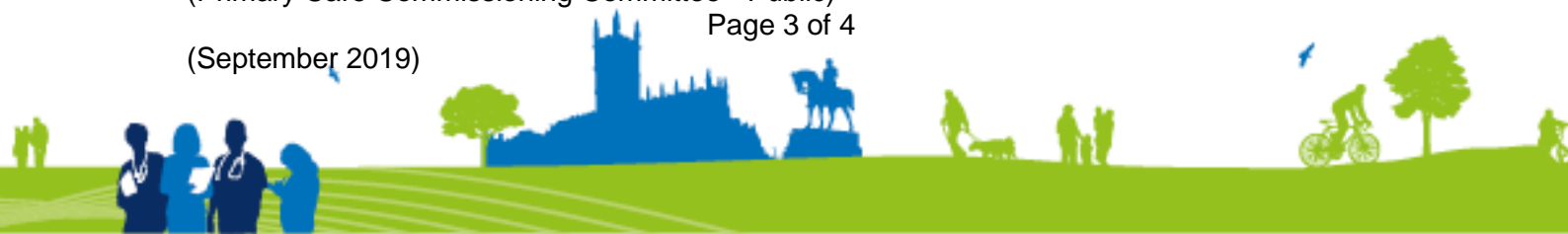
REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	**Sarah Southall**	**22.8.19**