

NHS Next Stage Review

*Our vision for primary and community care:
What it means for local government.*

Key Points

“What people want are joined up services that focus on them as an individual living in their community. A partnership approach is essential to achieving this, bringing together locally all the services provided by the NHS, local government, the voluntary and independent sectors.”
Anne Williams, Strategic Director of Community, Health and Social Care, Salford City Council and Immediate Past President of Association of Directors of Adult Social Services

- > **Primary and community care services need to build on existing relationships** with people who use services and close ties with local communities
- > **New models of engagement**, based on patient surveys, LINks, advocacy groups, focus groups, patient panels, citizens’ juries, public meetings and technology based feedback mechanisms
- > The NHS needs to reach out and **make services available in other settings**, such as schools, workplaces and people’s own homes. Providers need to come together collaboratively to design services around the needs of individuals and local communities
- > Direct payments and individual budgets have shown the benefits of giving people greater say how to use public resources to provide care. We will set up pilots that allow **people with long-term conditions greater control over how NHS funds are used**
- > Investing in **‘upstream’ interventions** will help keep people healthier for longer, embedding action on joint working across to agree shared plans and shared priorities
- > Implementation of the strategy will need to complement and support the ‘Putting People First’ Protocol, which **emphasises the shared responsibility of health, social care and wider community services** in helping people live independently, stay healthy and participate as active and equal citizens, irrespective of illness or disability
- > Local health services and communities can work with people at **greater risk of poor health**, helping them identify things that could improve their health and wellbeing, and signpost or refer them on to services that will help them
- > The NHS needs to work in stronger partnership with local government and other sectors. **Joint strategic needs assessments** have a key role to play in ensuring a shared understanding of local priorities to be fed into **Local Area Agreements** and converted into joint commissioning plans

How we developed our ideas

Our vision for primary and community care has been developed through intensive debate and discussion with the public and with health and care professionals, under the guidance of an advisory board drawn from leading primary and community clinicians and national stakeholder groups, including Directors of Adult Services.

We found considerable agreement about the key characteristics of high-quality primary and community care: services that treat people fairly and are delivered by staff with the power to improve care and make decisions locally.

Building on solid foundations

We already have an excellent system of primary and community care on which to build, but there are challenges ahead.

Strengths	Challenges
Personal continuity of care, strong ties to local communities and a population focus for promoting health	Services that could be more connected, with more involvement for individuals in their health and care
Professional ethos and high levels of patient trust	An ageing population and increasing prevalence of lifestyle diseases
Recent improvements in quality of care, supported by QOF, particularly for those with long-term conditions	Unwarranted variations in quality of care, with scope for more focus on health and treatment outcomes
Progress with partnership working, across primary, community, secondary and social care	Freeing up clinicians to design services for the benefit of their patients and be held to account for outcomes

Our vision for primary and community care

Primary care services should be shaped by and around individuals, listening and responding to their needs. The system should feel connected and work for them. They should have convenient access to a growing range of health services in GP surgeries, in a range of other community settings and in their own homes. They should be able to make more choices, including choosing their GP practice. People should have greater control over how they manage their care, particularly those with long-term conditions.

Primary and community care services play a central role in helping people live healthy lives. Health promotion should be embedded in the millions of daily contacts with family doctors, community nurses, pharmacists and other community-based staff. We can do more to promote health at all stages of life and more systematically identify and support those individuals most at risk of ill-health. There should be increasing access to services that help people maintain and improve their health and wellbeing. Primary and community clinicians can enhance their role in promoting equality of opportunity and equality of health outcomes.

"The strategy sets out our vision for a continuously improving service, where essential services are guaranteed and excellence is rewarded."

David Colin-Thomé, National Clinical Director for Primary Care

We haven't created a national blueprint for how this is done. Around the country, there are countless examples of excellent, high-quality services and innovative practice making a huge difference to the lives of patients, delivered with compassion and respect by dedicated staff. The challenge for all of us is to make these examples the norm.

We see greater clinical freedom and stronger commissioning as two sides of the same coin. The best commissioners will be those who create an environment in which clinical leadership and innovation flourish, in which health and care professionals can work more collaboratively across traditional boundaries to provide more integrated care, and in which there is a reorientation of commissioning towards health and well-being, preventing the onset of long-term conditions.

More detail on the key areas

Strong ties to local communities

(from paragraph 3.5)*

Hundreds of thousands of staff working in our primary and community services provide care, advice and support for millions of people every day. These are the people who often work at the interface of health and social care to ensure that people can live independent lives at home. Our vision is of NHS primary and community care services that build further on these personal relationships with patients and close ties with local communities.

Listening and responding

(from paragraph 4.2)*

Our vision begins with primary and community teams systematically listening to patients and developing services according to the needs of local communities.

This requires new and innovative models of engagement, based on patient surveys, other deliberative engagement processes and online mechanisms, including NHS Choices. It also needs to be sensitive to the needs of those who find it most difficult to use current services, such as those who do not have English as their first language, people with learning disabilities or people with a severe mental health problem.

Care planning (from paragraph 4.22)*

Care planning helps ensure that people with more complex and long-term care needs receive the best, most appropriately tailored packages of care to meet their individual requirements and wishes. This involves individuals working with carers, with clinicians and social care teams, to agree what their goals are, which services they choose to receive and how and where they want to access them.

By 2010 all people (of all ages) with a long-term condition, including people with mental health problems, should be offered their own personalised care plan. Over the next year, we will be supporting the NHS and social care services in delivering this commitment.

We will also publish a Patients' Prospectus to provide advice for those wanting to take greater control of how they manage their long-term conditions.

Piloting individual budgets for health care (from paragraph 4.30)*

Experience with direct payments and individual budgets in social care has shown the benefits of giving people greater say over how public resources are used to provide their individual care. We want to test if we could achieve the same benefits for people with complex but predictable health and social care needs. We will work with patient groups to pilot individual budgets to allow people with long-term conditions greater control over how NHS funds are used.

* References in brackets are to the main document

Working together and healthier lives (from paragraph 5.4)*

Our health and our lifestyle choices are influenced by a wide range of factors rooted in local communities, including how we develop in school, the quality of social care when we need it, access to leisure facilities and our environment.

Our vision is of primary and community care services that work ever more closely with local authorities and with voluntary organisations and other third sector organisations to forge common goals for improving the health and wellbeing of local communities.

Improved access to wellbeing services (from paragraph 5.13)*

It is important to make sure that people can easily access extra support for healthy living when they need it, whether it is to help give up smoking, control their use of alcohol, or improve diet or exercise. Pharmacies, community health clinics, third sector organisations and others are providing an increasing range of these services.

We will explore how to make more services available on an 'open access' basis and ensure that the public can easily find out how to access them. The NHS Choices website will develop into a single, multi-channel access point where people can get information about health and wellbeing services.

Integrated care (from paragraph 7.14)*

We will test and evaluate new ways in which PCTs can commission more integrated care, across primary, community and secondary healthcare and social care. We will invite proposals for pilots that involve clinicians and social care organisations working on a collaborative basis to achieve more personal, responsive care and better health outcomes for local populations.

World Class Commissioning (from paragraph 7.17)*

As part of the World Class Commissioning programme, we will continue to work with the NHS and other stakeholders to ensure that we rapidly enhance the skills of PCTs in commissioning primary and community care.

This includes helping PCTs to work with the public, local clinicians and local government to understand the needs of local communities and to agree how these needs should be reflected in the quality specifications for primary care services.

We will continue to strengthen arrangements for partnership working across strategic health authorities and Government Offices of the Regions, so that there is joint action on planning and prioritisation. We will develop a fuller suite of health and well being indicators that can be used down to the level of individual wards or practice-based commissioning clusters.

* References in brackets are to the main document

Supporting integration of health and social care (from paragraph 7.25)*

An integrated approach to health and wellbeing will require a step change in the relationship between local NHS organisations, local government, other relevant statutory services, employers, third sector and independent sector providers.

We will provide support to those organisations that wish to go further in integrating health and social care services and will establish a Minister-chaired group to work with stakeholders and identify how government can best provide this support, including reviewing policy, financial and cultural barriers to integration.

*A final word from David Behan,
Director General Social Care, Local
Government and Care Partnerships,
Department of Health*

*“Joining up does not just happen
– it requires leadership, clarity of
purpose and the ability to work
collaboratively. Strengthening
partnerships between the NHS and
local government is crucial to meet
the needs of individuals, families
and communities and to drive
improvements in services for all.”*

Next steps

To read the full version of the primary and community care strategy, visit www.dh.gov.uk

The NHS is committing to ever closer partnerships with Local Government. The new generation of Local Area Agreements have secured a very strong focus on health and well-being on which local partners can now build.

* References in brackets are to the main document



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www.dh.gov.uk/publications