

**Neighbourhood Locally Commissioned Service (LCS)**

**Primary Care Commissioning Committee meeting**

**8 September 2016**

**D**

<b>Author(s)</b>	Rachel Dillon (covering paper) Idris Griffiths, Katrina Cleary and Rachel Dillon (Draft LCS)
<b>Sponsor</b>	Katrina Cleary, Programme Director Primary Care
<b>Is your report for Approval / Consideration / Noting</b>	
Approval	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
<p>The contract value is £1.50 per weighted patient based on data as at 1 April each year of the LCS.</p> <p>The contract term is for two years</p> <p>CCG commissioners and Locality Managers will be working with neighbourhoods to assist in the development and delivery of neighbourhoods (working at scale and integrated working with wider services)</p>	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<p><b><i>Which of the CCG's objectives does this paper support?</i></b></p> <p>It supports all of the Governing Body Assurance Framework strategic objectives.</p>	
<b><u>Equality impact assessment</u></b>	
<p><b><i>Have you carried out an Equality Impact Assessment and is it attached?</i></b></p> <p>It is a requirement for each neighbourhood to provide a neighbourhood specific equality impact assessment if, as and when significant changes to services are proposed.</p>	
<b><u>PPE Activity</u></b>	
<p>The public have been and continue to be engaged with the Neighbourhood programme including input from the citizens' reference group. In addition, it is a requirement from neighbourhoods to develop plans with patients and public within their neighbourhood community.</p>	
<b>Recommendations</b>	
<p>The Primary Care Commissioning Committee is asked to approve the LCS</p>	

## **Neighbourhood Locally Commissioned Service**

### **Primary Care Commissioning Committee**

**8 September 2016**

#### **1. Introduction / Background**

1.1 There is recognition for the need to integrate services outside of hospital in order to continue to develop the provision of safe, effective and efficient care putting the patient at the heart of delivery. Commissioners in Sheffield believe that it is only in being ambitious and taking radical action, while we are in a relatively strong position now, that the quality and financial sustainability of the services we provide can be maintained and the needs of an increasing number of people with multiple long term conditions can be met.

1.2 Primary Care - in particular general practice - is a crucial part of the new co-ordinated system and the ambitions of delivering care out of hospital will heavily rely on general practices. General practice is under significant pressure and practices must increasingly work together to ensure sustainable business models are adopted. This LCS supports the Sheffield response to the GP Forward View.

1.3 PCCC is asked to approve the LCS attached in Appendix A.

#### **2. Key Points of the LCS**

2.1. The LCS is £1.50 per weighted patient for two years.

2.2. PCCC is asked to note that the requirements of this LCS differ to other LCS agreements in that it requires participation in the development of new ways of working rather than delivery of activity. The payment mechanism must allow practices to adopt the approach that suites their needs eg arranging back-fill for their own GPs to engage directly versus contracting with other practices in their Neighbourhood or a third party to work on their behalf. This requires 'up front' access to funding rather than retrospective payments. Delivery will be overseen by the CCG's Primary Care Development team and Locality Managers.

2.3. The LCS allows a certain amount of flexibility to ensure the outputs of the LCS are delivered, such as practices being able to pool funding across a Neighbourhood. The actions required from the Practice in relation to integration of care will also be overseen by the joint commissioner and provider active support and recovery board.

2.4. The LMC and the Citywide Localities Group have been consulted, and the draft reflects the comments received.

### **3. Recommendations**

The Primary Care Commissioning Committee is asked to approve the LCS.

Paper prepared by: Rachel Dillon, Locality Manager, West

On behalf of: Katrina Cleary, programme Director Primary Care

31 August 2016

## Sheffield CCG

### Locally Commissioned Service to Support Neighbourhood Working

#### Introduction

There is recognition for the need to integrate services outside of hospital in order to continue to develop the provision of safe, effective and efficient care putting the patient at the heart of delivery. Commissioners in Sheffield believe that it is only in being ambitious and taking radical action, while we are in a relatively strong position now, that the quality and financial sustainability of the services we provide can be maintained.

Primary Care - in particular general practice - is a crucial part of the new co-ordinated system and the ambitions of delivering care out of hospital will heavily rely on general practices working together, and working with other services based in the community to build a strong platform to support patients out of the hospital setting. The Neighbourhood approach as described in our Care out of Hospital strategies (<http://www.sheffieldccg.nhs.uk/about-us/governing-body-meeting-26-may-2016.htm>) is where groups of general practices with around a population of 30-50k come together to develop primary care at scale (also described within the GP Forward View <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>) and to work with community based services, both statutory and non-statutory, to develop a Neighbourhood team to care for their population in the community, thereby improving quality of care and avoiding unnecessary emergency admissions.

This Locally Commissioned Service (LCS) is offered to those practices working within a recognised Neighbourhood model to help drive the locally agreed priorities related to primary care working at scale and wider Neighbourhood working as described above and detailed within our local strategies.

#### LCS Financial Offer and Timeframe

An annual sum of £1.50 per weighted patient (based on the weighted population at 1 April of each year of the LCS) is offered for an initial period of two years to those practices recognised as working within a Neighbourhood model.

The Sheffield Joint Active Support and Recovery Group will be responsible for approving the proposed Neighbourhood configurations. The effective start date of the LCS for practices within each Neighbourhood will be the start of the month following the Group's decision and once the practice has signed the contract.

Payment will be every 6 months up front. There are three options available to practices with regard to payment:

1. Individual practices can receive their payment directly; or

2. The practices within a Neighbourhood can collectively nominate a lead practice to receive the relevant sums on their behalf,; or
3. The practices can contract with a third party organisation to support Neighbourhood working and can request payment to be made to that third party on their behalf, (by exception alternative payment mechanisms will be considered).

## **The Requirement of the LCS**

The aims of the service are twofold:

- 1 To support wider Neighbourhood working with health and social care services and other statutory services and the voluntary sector; and
- 2 To support primary care sustainability and working at scale

## **Wider Neighbourhood working**

Practices are asked to work collaboratively with other services and organisations, including the voluntary sector, who work in the same Neighbourhood.

Practices should work with others to develop integrated services that will provide improved care and reduce avoidable admissions, particularly for patients with multiple co-morbidities and at higher risk of admission or escalation of care needs.

This work should include:-

- Establishing priority areas to address, with reference to any particular needs of the population being served. A range of data will be made available to help identify the Neighbourhood priorities.
- Initiating joint working through an inclusive event that brings together the widest range of organisations and professions. It is expected that this event should take place within two months of the Neighbourhood being approved by the Sheffield Joint Active Support and Recovery Group.
- Reviewing how care may be better delivered eg through the review of case studies
- Produce a high level action plan describing the initiatives that will be implemented
- With other services review information at a Neighbourhood level regarding health needs, activity and patient outcome measures as these become available
- Sharing learning with other Neighbourhoods and participating in events designed to achieve this – each Neighbourhood will be asked to identify a senior lead for this purpose
- Nominating a senior Neighbourhood lead to represent the wider group within relevant fora

## **Primary Care Sustainability and Working at Scale**

Practices are asked to work with other practices within the Neighbourhood to develop their sustainability plans, including working in a more collaborative way, against the vision described in the CCG Primary Care strategy. (We appreciate that some groups of practices are already working at scale or looking to work at scale in groups different to the Neighbourhood footprint. If this is the case, then you can continue to develop your plans in such groups). This could include:

- Exploring and implementing recognized change initiatives e.g. Productive General Practice Programme, the 10 High Impact Changes etc (more information can be received from CCG Primary Care Directorate)
- Determining effective use of primary care resource
  - Assess current patterns of working
  - Assess skill mix
  - Assess IT /digital solutions
  - Identify and implement change
- Explore how to affect better financial control
  - Assess current and long term financial risks which would inform recruitment, partnership agreements, sharing functions, and merging with other organisations.

## **Reporting Requirements of the LCS**

### **Part One – Wider Neighbourhood Working**

- 1 Within three months following initial approval, the Neighbourhood should carry out an inclusive ('big tent') event involving a wide range of staff from across health and social care and the voluntary sector who work within the Neighbourhood. The Neighbourhood will be asked to submit an outline plan outlining their key priorities, deliverables and milestones relating to the two key aims of this LCS. This will be considered by the Joint AS&R Group and feedback given accordingly.
- 2 On a monthly basis for the first 6 months, the Neighbourhood team will submit an update report to the Joint AS&R Group advising on progress, challenges etc. It is expected that as part of this LCS, practices will contribute to the monthly report.
- 3 After six months of reporting as outlined above, the Neighbourhood will be asked to submit on an ongoing basis for the life of the LCS a generic progress template on a quarterly basis.

### **Part two – Sustainability and Working at Scale**

1. The group of practices within the Neighbourhood or Practice Business Group will be required to submit a report, (a generic template will be made available) on a quarterly basis containing the following information:
  - a. List of the names of practices within the neighbourhood or business group
  - b. The key priorities for the group
  - c. Based on the groups priorities, the key actions of the group
  - d. Risks and Challenges

e. Support required.

### **Other Sources of Support to Neighbourhood Working**

This LCS is a key strand of the offer of support to practices engaging in a recognised Neighbourhood approach. However, practices are asked to note that other sources of support are also available to support this work. This includes:

- Core CCG staff, including the primary care team, the communications team and locality managers;
- Members of the wider Neighbourhood team, including those from other organisations;
- Primary Care Sheffield can also support key aspects of Neighbourhood working.

For more information on the LCS please contact your Locality Manager, Katrina Cleary or Idris Griffiths.