

Accountable Care Partnership and Integrated Care System Update

Primary Care Commissioning Committee meeting

24 January 2019

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Sponsor Director	Nicki Doherty, Director of Delivery - Care Outside of Hospital
Purpose of Paper	
To provide the Committee with information about the primary care work-stream priorities of the Sheffield Accountable Care Partnership and the South Yorkshire and Bassetlaw Integrated Care System and plans developed to deliver these.	
Key Issues	
The commissioning of primary care and the delivery of CCGs primary care strategy sits within a wider strategic framework across the City and South Yorkshire and Bassetlaw. The CCG works within this system and place and system level to ensure that primary care priorities reflect and support the delivery of the primary care strategy, strategic aims and objectives to secure high quality care for the people of Sheffield. The priorities and progress of the ACP and ICS work-streams are presented for the Committee.	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by the Primary Care Commissioning Committee	
The Primary Care Commissioning Committee is asked to note the plans and priorities identified by the ACP and ICS primary care work-streams, and the progress against delivering these.	
Governing Body Assurance Framework	
<p>Which of the CCG's objectives does this paper support?</p> <p>2. To improve the quality and equality of healthcare in Sheffield 4. To ensure there is a sustainable, affordable healthcare system in Sheffield.</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
Any resource implications will be addressed as part of the individual programmes and workstreams described in this paper.	
Have you carried out an Equality Impact Assessment and is it attached?	
EIA not required, assessments are undertaken for the programmes described in this paper.	
Have you involved patients, carers and the public in the preparation of the report?	
Patients, carers and the public are included in the development of the individual programmes and workstreams described within this paper.	

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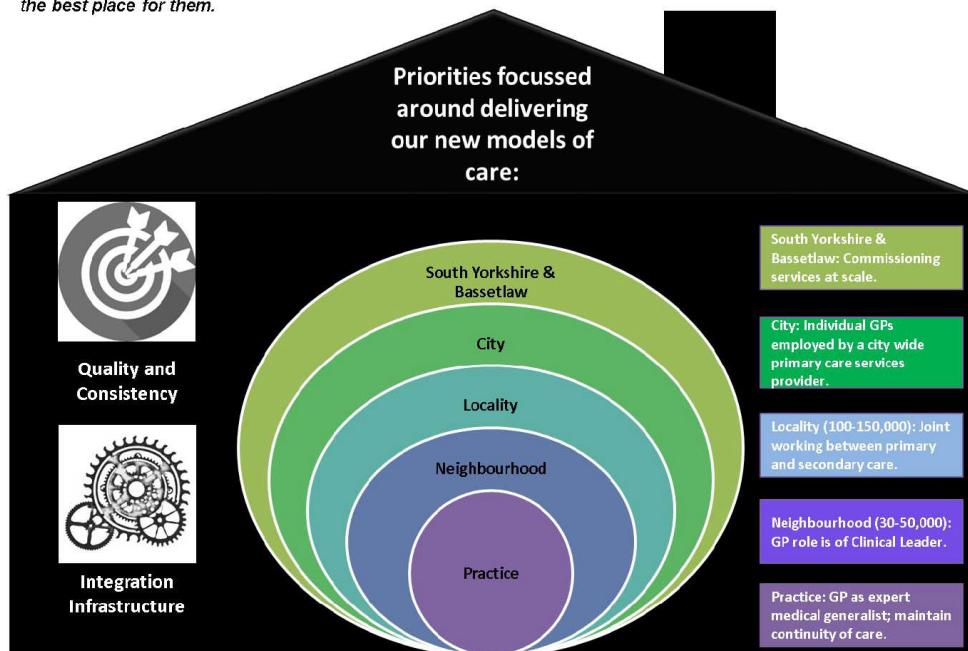
1. Introduction

NHS Sheffield Clinical Commissioning Group operates within the Sheffield Accountable Care Partnership (ACP) and the South Yorkshire and Bassetlaw Integrated Care System (ICS). Figure 1 below illustrates how the CCG will work from practice to system-wide level to deliver our priorities. Both the ACP and ICs have primary care work-streams and this paper presents the committee with an update on the identified priorities of these work-streams and plans and progress against these.

Figure 1: Delivering our priorities

Our Vision

By working together with patients, public and partners, we will improve and transform the health and wellbeing of our citizens and communities across Sheffield. We intend to fundamentally change the balance of healthcare provided in hospital and in the community, so that many more patients receive care closer to home when that is the best place for them.



2. Sheffield Accountable Care Partnership

2018/19 has been the first year of operation for the Sheffield ACP which comprises the key health and care commissioners and providers within the City. It includes NHS Sheffield CCG, Sheffield City Council, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's Hospital NHS Foundation Trust, Sheffield Health and Care NHS Foundation Trust, Primary Care Sheffield, and Voluntary Action Sheffield.

Each work-stream of the ACP has now identified key priorities for delivery. These build on the strategic direction set out in '*Shaping Sheffield*', the Sheffield Place Based Plan. The Primary Care and Population Health Delivery Board has identified a delivery strategy based around the following key areas of focus:

2.1 Developing the Sheffield brand of general practice

- Define the vision of sustainable General Practice
- Identify markers of success and the metrics to be used in monitoring performance
- Support discussions around contractual models for incentivising quality in General Practice,
- Deliver practical support offer to practices around HR, finance etc

2.2 Local First: supporting the shift to a person centred primary, community and prevention focussed system

- Define the vision and develop new models of care, tailored to population need,
- Promote Person Centred and holistic focus and developing seamless pathways of care.
- Produce business cases for the transfer or integration of generalist services to sit within primary care.

2.3 Centre of excellence in primary care;

- Develop a Workforce Strategy and Plan for wider Primary Care
- Develop a Primary Care Research and innovation strategy
- Develop a digital research strategy for Primary Care to support e-consultation, prioritisation models for triage and telehealth and digital interoperability of primary care systems in Sheffield.
- Develop a shared approach to non-academic training as a centre of learning for primary care to share PLIs, MDT training and sharing of best practice.
- Support the development and delivery of the GPN VTS scheme and post-VTS support for all professions

2.4 Neighbourhood delivery

- Plan and deliver a neighbourhood quality improvement collaborative with a phased support programme commencing with 3-4 neighbourhoods and rolling out to all neighbourhoods across the city.
- Plan the selection criteria for identifying the initial neighbourhoods and the offer of support to each phase.
- Identify areas for delivery and develop the scope and outcome of each area into a pick-list for neighbourhoods
- Identify a universal offer of support that runs alongside the aforementioned approach.

2.5 Population health management.

- Support appropriate working groups to develop practical operational models to create delivery plans.
- Ensure that the priority areas of the ACP are embedded into the population health approach
- Link with the ICS work and identity / define the scope for the ACP
- Use the 'Infrastructure, Intelligence and Intervention' methodology to design care models, outcomes and evaluations.

The paper written by Stephen Knight and attached at appendix 1 describes the development and delivery plans for these priorities.

Workshops are planned for January 2019 to review ACP plans against newly issued NHS policy and planning guidance, evolving ICS plans and individual organisational objectives

3. South Yorkshire and Bassetlaw Integrated Care System

The ICS primary care work-stream has developed a set of priorities which build on place based plans from each ACP, identifying the opportunities to work at scale to address shared issues.

The ICS plan identifies the key themes that run through all the place based plans and describes the plans to support these across a wider-system:

- Theme 1 Development of primary care ‘at scale’
- Theme 2 Increasing the primary care and clinical workforce,
- Theme 3 Building sustainable and resilient general practice
- Theme 4 Extending access
- Theme 5 Increasing investment in primary care
- Theme 6 Addressing the wider determinants of health (including social prescribing)
- Theme 7 Integrated out of hospital services
- Theme 8 Development of wider primary care.

The key areas of focus for the work stream are:

- Progress of individual Places engagement and consultation on primary care at scale and alignment of the ICS level communications plan to create a standardized message to support.
- Workforce Development - Understanding Place plans to develop PCNs and the development of population health management; Apex/Insight workforce/workload tool – engagement and implementation across all CCGs; International GP Recruitment (IGPR)
- SHAPE Atlas – build on the PHE SHAPE to provide an enhanced interactive mapping across SY&B.
- Primary Care Networks – Place utilisation plans for the £1 a head funding.

The highlight report prepared by Karen Curran, NHS England, and attached at appendix two presents the plans, priorities and progress to date for the work-stream.

4. Action for Primary Care Commissioning Committee / Recommendations

The Primary Care Commissioning Committee is asked to note the plans and priorities identified by the ACP and ICS primary care work-streams, and the progress against delivering these.

Paper prepared by: Stephen Knight, Director of Primary Care, Primary Care Sheffield
Karen Curran, Head of Primary Care, NHS England

On behalf of: Nicki Doherty, Director of Delivery - Care Outside of Hospital

Date 10 January 2019

What we intend to deliver

October 2018

Sheffield Accountable Care Partnership's Primary Care and Population Health Delivery Board

Aim: To ensure that the people of Sheffield have excellent local, joined up, sustainable primary and community support to enable them to live their lives to the full.



Centre of Excellence in Primary Care

Sheffield Brand of General Practice



*Local First: Supporting the shift
to a person centred primary,
community and prevention
focussed system*



Neighbourhood delivery



Population Health

Background

This paper builds upon a document which was presented to the Accountable Care Partnership's Board on 19 June 2018 (embedded below). That document developed the Primary Care Delivery Board's aim and 4 strategic priorities; it also raised a number of key challenges to the ACP Board regarding the business case for the overall investment required to achieve a shift in activity to Primary Care. The aim and priorities derived and adopted from that document are shown below, along with the key challenges raised at that point (including the EDG recommendation and subsequent corresponding progress).

Vision and priorities



Challenges made to board in June	Board direction	Progress to date
Support the development of a transformation team, working on the Primary Care Delivery Board	Agree – this should be drawn from existing resource in the system	R Welton – short term support for workforce 8A post – agreed for 2 year contract (funding from CCG and PCS)
Support the development of a proposal outlining the overall investment required to achieve the shift described in the June paper	Transformation team to develop this paper including recommendations around the proposed shift in resource profile in line with population need, learning from models nationally and internationally	This paper starts to develop the skeleton for that business case.

Advise on how the system can support PCS to lead the provision of GP at Scale	Form part of the paper defined above and should use the most effective , efficient use of the existing system resource
Support the need for good population management data	Primary Care needs to be factored into the data produced and owned / delivered by the ACP as a whole Population analytics work initiated – to aligned to the Primary Care Delivery Board.
Conclude the debate surrounding the neighbourhood boundaries	Concluded by EDG at a later date Neighbourhood workshops taking this forward. Ownership of the neighbourhood agenda now held in Primary Care Delivery Board.

Introduction

For the Primary Care Delivery Board to have significant impact on the priority areas identified, the focus now needs to move to delivery outputs. Accepting that the recruitment of the Programme Manager will be required to fully work up the new care model, this paper intends to move the board towards defining deliverable outputs and setting up delivery groups to achieve those outputs.

The paper will take each of the board's priority areas and attempt to define the components of delivery required to enable those priorities to be achieved. The output from the paper must be a push towards actions which drive the strategic priorities above.

In addition to the outputs defined against the agreed priorities, the end of the paper will also explore the approach to population health which has now been moved from a work-stream in its own right to sitting underneath the Primary Care Delivery Board's ownership.

Developing General Practice at the heart of Primary Care

The subtext to this priority is building both the resilience of General Practice, as discussed in the General Practice Forward View, and aspiring to excellence by placing Sheffield General Practice as a market leader for its quality and consistency in delivery.

The Sheffield GP Community has had significant investment and undertaken a proportionate amount of activity resultant from the GP Forward View as shown overleaf.



TRANSFORMING GENERAL PRACTICE FOR THE FUTURE IN SHEFFIELD 2017/18

Just twenty things we've achieved together to make general practice more sustainable through GP Forward View so far:

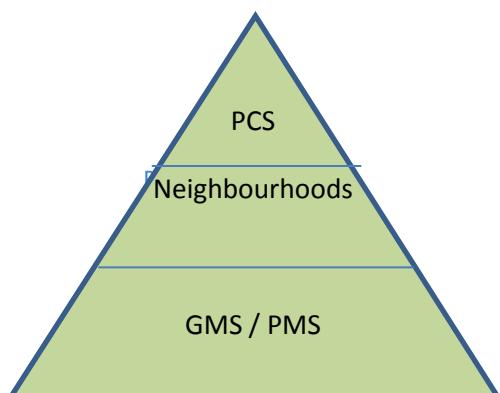


#GPFVSheffield



What we have not been able to do, to date, is define locally what we aspire to, or understand and evaluate the impact of the GPFV activity. In doing so, we would be better placed to identify gaps in support and deploy resource in a more targeted manner. The Primary Care Delivery Board has therefore got a remit, outside the national agenda, to outline and define 'what good looks like' along with the metrics it intends to use to measure our relative success. Moreover, the Board has a remit to go beyond the resilience agenda to support a market leading brand for Sheffield General Practice that will attract high quality staff to Sheffield General Practice and support, develop and retain our staff producing a strong foundation upon which the Accountable Care Partnership can move investment.

The delivery vehicle of General Practice will be provided in layers of provision as shown below. The national interim report on review of partnerships by Nigel Watson is likely to recommend further bolstering of the partnership model underpinned by a core national contract. Above this, neighbourhoods will be used increasingly to deliver population health across 30,000 - 50,000 patients and Primary Care Sheffield will provide the city-wide scale for provision and leadership as well as supporting infrastructure across all the layers. The 3 layers of provision have strong interdependencies and the activity delivered within each layer will require strong interconnected links.



The Sheffield Brand

The Primary Care Delivery Board will develop a Sheffield brand of General Practice which:

- Defines what good looks like
- Defines which metrics will be used for measuring success
- Defines the delivery of activity by scale
- Supports discussions around contractual models for quality markers
- Ensures that General Practice has support to achieve the standard defined
- Enables clinical freedom and innovation with the sharing of best practice
- Incentivises and enables high quality excellence
- Aligns the views and leadership from the LMC, CCG and PCS and takes into consideration the views of General Practice within the City to provide one consistent and cohesive message from General Practice in the ACP acknowledging and representing all layers of GP delivery.

To achieve this, the Primary Care Delivery Board will set up a Delivery Group which will report to the board. It will be tasked, over the next 12 months, with:

- Define the vision of sustainable General Practice and what good looks like including how activity is delivered set within wider primary care with appropriate usage.
- Identify markers of success and the metrics to be used in monitoring performance against these markers.
- Influence the Sheffield GPFV focus
- Support discussions around contractual models for incentivising quality in General Practice, defining a clear model of provision interlinking the layers of delivery and the relationships between providers, including the strong partnership model as defined in Nigel Watson's interim report and the subsequent connections to GP at scale.

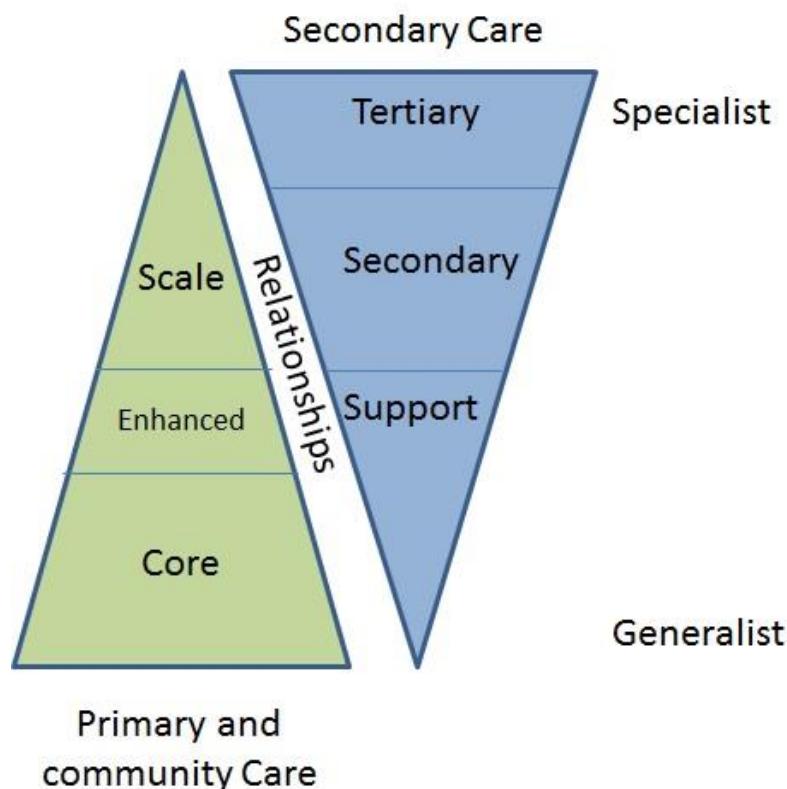
Deliver practical support offer to practices around HR, finance etc

Integrating wider Primary Care into the system and developing and realising the full potential of the team in its widest sense

In order to realise the full potential of the team, we need to consider both the integrated approach of Primary Care internally (with all stakeholders) and how it interfaces with secondary care services. The Primary Care Team includes Primary Health Services, Local Authority Teams and VCSE; the integrated approach of primary care includes both physical and mental health needs. The emphasis will be placed on the provision of Generalist Services in the Community and will endeavour to take ownership of those Generalist Services, working with secondary care in support of a patient-centred service.

There is system recognition of a need to move an increasing amount of activity towards Primary Care from other settings. For this move to be achieved safely and with the presumed benefits, we will need to see Primary Care work as one and interface effectively with secondary care services to provide support. That interface is depicted in the diagram overleaf and places significant importance on the relationship between Primary Care delivering the vast portion of generalist services and secondary care delivering the vast portion of specialist services.

For the future system to be sustainable there needs to be greater emphasis on a continuum of care across patient-centred pathways from generalist to specialist with generalists being supported to hold the ring on patient care, receiving timely advice, guidance and intervention from specialist colleagues as and when required but with a greater proportion of care happening outside of hospital.





Local First: Supporting the shift to a person centred primary, community and prevention focussed system

In order to achieve this definition of delivering all Generalist Service in Primary Care, the Primary Care Delivery Board will set up a sub Group, reporting to the Board, tasked with:

- Define the vision and then prioritise and drive new models of care, tailored to population need, where appropriate generalists activity is moved into primary care settings.
- Develop a strategic view of the potential scope and breadth of this shift
- Prioritise areas for action, aligned to population need and linked to the 4 objectives of the ACP
- Promote Person Centred and holistic focus, supporting provider relationships and developing seamless pathways of care.
- Produce business cases for the transfer or integration of generalist services to sit within primary care.

Developing a Primary Care Workforce for the Future

In order to develop a Primary Care Workforce for the future, the Primary Care Delivery Board is working alongside the Sheffield Workforce Transformation Group to deliver a Primary Care Workforce Strategy and Workforce plan by setting up a workforce group which reports to the Primary Care Delivery Board.

The purpose of the strategy is three-fold:

1. Understand the workforce required in order to deliver the activity currently commissioned in a Primary Care setting, including future skill-mix, training and supply in order to match the supply to estimated demand and ensure training programmes are aligned to skill needs.
2. Understand the workforce requirements deployed into neighbourhoods along with contractual models of employment to hold risk and liability at a scale sufficient to mitigate the risks to the ACP.
3. Identify the variables that will require definition in order to progress the future strategy and workforce plan into delivering activity not currently commissioned in Primary Care.



Centre of Excellence in Primary Care

In developing a workforce strategy, we will inevitably need to support new skill-mixes and the training support thereof. There is an opportunity with the workforce to create Sheffield's Primary Care as a centre for excellence. It would also be advantageous to develop Primary Care as a centre for research activity. This will allow us to stay at the forefront of quality.

The Board will therefore set up a sub group to develop a centre of excellence in Primary Care for research and workforce development. The group will report back to the Primary Care Delivery Board and be tasked with:

- Develop a Workforce Strategy for wider Primary Care
- Develop a Workforce plan for wider Primary Care in Sheffield including training
- Develop a Primary Care Research and innovation strategy including evaluation measures for success and appropriate population delivery units
- Develop a digital research strategy for Primary Care to support e-consultation, prioritisation models for triage and telehealth and digital interoperability of primary care systems in Sheffield.
- Develop a shared approach to non-academic training as a centre of learning for primary care to share PLIs, MDT training and sharing of best practice.
- Support the development and delivery of the GPN VTS scheme and consider how Sheffield approaches post-VTS support for all professions

Developing Neighbourhood working – ‘Primary Care Networks’ functioning as integrated, multi-organisational, multi-disciplinary teams

Sheffield Primary Care Networks (neighbourhoods) are ahead of many others nationally, with geographically grouped GP and community wrap-around services supporting groups of 30,000-50,000 patients. The challenge now is to mobilise them as delivery units and support their ongoing development and maturity as integrated delivery units with measured KPIs and outputs in line with national and local strategy and ambition.



Neighbourhood Delivery

The aim of the neighbourhood delivery unit is to create MDTs that rely less on hospital, are able to spend more time per patient (where appropriate), work around digital access to shared records, and consider a shared use of resource such as estates.

In order to develop the neighbourhoods into mature delivery units, the proposal is to define a universal offer for all neighbourhoods to progress their maturity as well as identifying 3-4 neighbourhoods to accelerate for greater integrated delivery. If, with pump-priming, we can show neighbourhoods capable of delivering sustainable, impactful changes then we should as a system adjust our investment and increase the scope and scale of the neighbourhoods as delivery units.

In order to make this investment into the neighbourhoods, we will be required to create a universal offer for all neighbourhoods in delivering outputs against genuine hot-spots for the system and

monitoring their delivery against pre-defined outcomes. A small number of innovator neighbourhoods should then be supported to develop more integrated approaches to deliver services that meet these requirements with a greater level of integrated working between services. Use should be made of the neighbourhood development plans and consider the population health highlights.

The hot-spots should link to our population management data and be focused on supporting more deprived communities, linked to the wider ACP work in Long Term Conditions and prevention work streams in order to develop a new overall care model for the system.

A System Wide Neighbourhood Delivery Steering Group will be formed and will be tasked to:

- Plan and deliver a neighbourhood quality improvement collaborative with a phased support programme commencing with 3-4 neighbourhoods and rolling out to all neighbourhoods across the city.
- Plan the selection criteria for identifying the initial neighbourhoods and the offer of support to each phase of the neighbourhood collaborative.
- Identify areas for delivery and develop the scope and outcome of each area into a pick-list for neighbourhoods
- Identify a universal offer of support that runs alongside the afore mentioned approach.
- Establish metrics for reporting and evaluating



Population Health

Subsequent to the priorities that were identified in June 2018, the ACP architecture has changed to now include Population Health within the remit of the Primary Care Delivery Board.

Population Health has strong links in defining the approach to neighbourhoods but also has a remit across the wider system. We need to therefore consider how the board approaches population health as an enabler to other outputs. In order to retain its importance, the board will initiate as a separate working group with the following priorities:

- Support appropriate working groups to develop practical operational models to create delivery plans.
- Ensure that the priority areas of the ACP are embedded into the population health approach in all levels of delivery.
- Link with the ICS work and identity / define the scope for the ACP

- Use the ‘Infrastructure, Intelligence and Intervention’ methodology (as précised below) to design care models, outcomes and evaluations.

Infrastructure

- set up a leadership team and ACP representative governance
- Define common population definitions
- Ensure clear IG set up across the system

Intelligence

- Understand the specific needs of the local population including variation and segmentation
- Identify high and emerging risk groups most amenable to interventions; size opportunities and conduct modelling

Interventions

- Support ACP to design care models and interventions based on evidence
- Define the key indicators and outcomes to be measured through evaluation

Summary



Sheffield Brand of General Practice

- Define the vision of sustainable General Practice and what good looks like including how activity is delivered set within wider primary care with appropriate usage.
- Identify markers of success and the metrics to be used in monitoring performance against these markers.
- Influence the Sheffield GPFV focus
- Support discussions around contractual models for incentivising quality in General Practice, defining a clear model of provision interlinking the layers of delivery and the relationships between providers.
- Deliver practical support offer to practices around HR, finance etc



Centre of Excellence in Primary Care

- Develop a Workforce Strategy for wider Primary Care
- Develop a Workforce plan for wider Primary Care in Sheffield including training
- Develop a Primary Care Research and innovation strategy including evaluation measures for success and appropriate population delivery units
- Develop a digital research strategy for Primary Care to support e-consultation, prioritisation models for triage and telehealth and digital interoperability of primary care systems in Sheffield.
- Develop a shared approach to non-academic training as a centre of learning for primary care to share PLIs, MDT training and sharing of best practice.
- Support the development and delivery of the GPN VTS scheme and consider how Sheffield approaches post-VTS support for all professions



Local First: Supporting the shift to a person centred primary, community and prevention focussed system

- Define the vision and then prioritise and drive new models of care, tailored to population need, where appropriate generalists activity is moved into primary care settings.
- Develop a strategic view of the potential scope and breadth of this shift
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Neighbourhood delivery

- Plan and deliver a neighbourhood quality improvement collaborative with a phased support programme commencing with 3-4 neighbourhoods and rolling out to all neighbourhoods across the city.
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- Identify a universal offer of support that runs alongside the afore mentioned approach.
- Establish metrics for reporting and evaluating



Population Health Management

- Support appropriate working groups to develop practical operational models to create delivery plans.
- Ensure that the priority areas of the ACP are embedded into the population health approach in all levels of delivery.
- Link with the ICS work and identity / define the scope for the ACP
- Use the 'Infrastructure, Intelligence and Intervention' methodology to design care models, outcomes and evaluations.

South Yorkshire & Bassetlaw ICS – Programme Highlight Report

Programme: Primary Care Workstream	Provider CEO / CCG AO sponsors: Maddy Ruff/Tim Moorhead	
Date of report: December 2018	Report completed by: Karen Curran	
Progress Assessment Current Period (RAG)	Green	Progress Assessment Previous Period (RAG)
Plan for 2017-2019 <p><i>Summary of plan and key ambitions</i></p> <p>To transform Primary Care through the establishment of ‘at scale’ primary care organisations capable of taking on population health responsibilities, which are accessible 7 days per week, are increasingly resilient and able to plan for and deliver outcomes described within the 5YFV/GPFV.</p> <p>To expand the clinical workforce which will be increasingly multidisciplinary and which facilitates improvements in recruitment and retention.</p> <p>A complete primary care offer aligned to the delivery of the GP Five Year Forward View, which includes a collective approach to managing urgent access to primary care, repositioning of the GP role as the senior decision maker in driving prevention, integration with social and voluntary sector partners and managing complex patients with long term conditions in the most appropriate setting through the registered list.</p> <p>Expansion and diversification of the clinical workforce will require development of Clinical Governance to support workforce development linked to the GP Forward View and the local ‘Place’ in association with New Models of Care and the ‘left-shift’.</p> <p><u>Key Ambitions</u> -Eight 8 Key themes run through each of the 5 place based plans, ensuring that they are able to contribute to the delivery of our vision as a system (* Top 3 work stream priorities)</p> <p>Theme 1 Development of primary care ‘at scale’*</p> <p>Theme 2 Increasing the primary care and clinical workforce,*</p> <p>Theme 3 Building sustainable and resilient general practice</p> <p>Theme 4 Extending access</p> <p>Theme 5 Increasing investment in primary care*</p> <p>Theme 6 Addressing the wider determinants of health (including social prescribing)</p> <p>Theme 7 Integrated out of hospital services</p> <p>Theme 8 Development of wider primary care</p>		
MOU commitments <ul style="list-style-type: none"> • Deliver extended access to general practice for 100% of the population by October 2018. <ul style="list-style-type: none"> - <i>All local CCGs are delivering extended access to 100% of the population.</i> • Delivery of the GPFV including boosting local GP Numbers and improving retention <ul style="list-style-type: none"> - <i>Primary Care Workforce Trajectory has been submitted to the regional team.</i> • Catalyse the formation of Local / Primary Care Networks that establish integrated primary care teams, by March 2019, that: <ul style="list-style-type: none"> - <i>share workforce, infrastructure and responsibilities for urgent care and extended access,</i> - <i>cover geographically defined populations of between 30,000 and 50,000.</i> - <i>work with local community, mental health and social providers.</i> - <i>Offer a flexible working environment for new GPs and promote retention of current workforce.</i> - <i>Focus on prevention and admission avoidance, sharing risks and rewards with hospitals.</i> - <i>Invest in premises to support team based working and additional facilities to support out of hospital work i.e. diagnostics.</i> - Delegated commissioning arrangements for Primary Care Medical Services by April 2018. (<i>100% of SY&B are fully Delegated</i>) 		

South Yorkshire & Bassetlaw ICS – Programme Highlight Report

Engagement	<p><i>Summary of PPE activities undertaken in most recent period (month / quarter)</i></p> <p>Discussions are continuing with ICS Comms and Engagement to utilise wider ICS based channels to share positive case use and development focus areas for PC across the CCG/places.</p> <p>Individual CCGs/Places are continuing to undertake their own engagement and consultation on primary care at scale and the ICS level comms plan will assist in creating the standardised message for this.</p>
Progress	<p><i>Summary of achievements from most recent period (month / quarter)</i></p> <ul style="list-style-type: none"> • Individual CCGs/Places are continuing to undertake their own engagement and consultation on primary care at scale and the ICS level comms plan will assist in creating the standardized message for this. • Karen Curran and Lisa Kell have commenced visits with each primary care system in SYB to explore in some detail what has been done locally to develop PCNs, incorporating conversations on how each place seeing population health management developing. Two meeting with Bassetlaw and Doncaster have taken place, due to diary commitments of those being invited the remaining are being scheduled. • Apex/Insight workforce/workload tool <ul style="list-style-type: none"> ◦ SYB Task and finish group is providing oversight on implementation and practice engagement. The practice engagement events have been completed at all CCGs, installation dates are being booked for practices in Bassetlaw, Barnsley and Sheffield (EMIS practices). • International GP Recruitment (IGPR) <ul style="list-style-type: none"> ◦ Programme Board established to oversee rollout and coordinate as required. Programme support options have been identified, with a view of being in place in January 2019. • SHAPE Atlas – This project which was proposed and supported by the PC Programme Board earlier this year seeks to utilise and build on the PHE SHAPE Place platform to provide an enhanced interactive mapping component for primary care across SY&B including supporting the mapping of progress with PCNs and PHM against the national maturity matrix.
Next steps – over next month	<p><i>Summary of planned actions for next period</i></p> <p>Primary Care Networks: NHS England have confirmed another £1 per head for the further development of PCNs, CCGs have provided plans on how they will utilise the additional funding. Karen Curran and Lisa Kell to complete visits with each CCG in SYB to discuss development of PCN's and PHM..</p> <p>ApexInsight Tool: Rotherham and Doncaster CCGs are in the process of reviewing and signing off the privacy impact assessment. Installation dashboard is being developed, definition of deployed to be agreed.</p> <p>International Recruitment: To agree programme support arrangements. To complete ICS readiness template and to meet with recruitment agency. Work is underway to develop ICS IGPR communications plan, practice level prospectuses are being developed.</p> <p>SHAPE Atlas – Establish T&F group and convene workshop to finalise project specification with PHE.</p> <p>Primary Care Engagement event: Planning for the SYB PC workshop scheduled for 16th January 2019.</p>
Benefits	<p><i>Summary of benefits</i></p> <ul style="list-style-type: none"> • Closer alignment of workforce and primary care work streams, greater streamlining of work associated with common objectives. • Consistency in workforce data feeding into SYB workforce & training hub • Opportunities to include Primary Care Networks in workforce plans which support and enable 'at scale' working • Clarity on benefits being realised within and across primary care from resources being committed through GPFV and other

South Yorkshire & Bassetlaw ICS – Programme Highlight Report

	<p>funding streams.</p> <ul style="list-style-type: none"> Engagement with wider primary care stakeholders in work of ICS Primary Care work stream through stakeholder workshops 			
Risks	Pre-mitigation RAG	Post-mitigation RAG	Mitigating Action	Due date
Feedback from other areas that are further along with International Recruitment is that the number of GPs coming through this route is minimal.	A	A	Task and Finish Group has oversight of the programme locally. Primary Care Workforce Trajectory includes realistic projections.	Ongoing