

## Neighbourhood Transformation Phase Two Update

### Primary Care Commissioning Committee Meeting

23 January 2020

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<b>Purpose of Paper</b>	To update the Primary Care Commissioning Committee (PCCC) on the progress of phase one and two of the transformation funding to Neighbourhoods.
<b>Key Issues</b>	This report provides an update on the process taken to award the second phase of neighbourhood transformation funding.
<b>Is your report for Approval / Consideration / Noting</b>	Noting
<b>Recommendations / Action Required by Primary Care Commissioning Committee</b>	<p>PCCC is asked to :</p> <ul style="list-style-type: none"> <li>Note the work and progress to date for both phase one and two of transformation funding to neighbourhoods</li> </ul>
<b>What assurance does this report provide to the Primary Care Commissioning Committee in relation to Governing Body Assurance Framework (GBAF) objectives?</b>	<p>Supports the following objectives:</p> <ol style="list-style-type: none"> <li>To improve patient experience and access to care</li> <li>To improve the quality and equality of healthcare in Sheffield</li> <li>To ensure there is a sustainable, affordable healthcare system in Sheffield</li> <li>Organisational development to ensure CCG meets organisational health and capability requirements</li> </ol>
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	Yes, SCCG previously agreed £600,000 from the Primary Care Budget.
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>	Not required, action is mandated by NHS England.
<b>Have you involved patients, carers and the public in the preparation of the report?</b>	No

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## **1. Introduction**

Continuing with Sheffield's ambition to further support and mobilise neighbourhoods as delivery mechanisms and to support their ongoing development, the CCG invited neighbourhoods to submit business cases for the second phase of transformation funding. The main criteria for phase two was that the model be for a change or a new way of working based on the priorities set out in the Long Term Plan to meet the needs of their population. It was a key requirement that the business cases be a change involving multiple partners focusing on a cohort of patients prominent in the neighbourhood.

This paper presents a brief summary of the outcome from phase two of the transformation panel. Ten bids were submitted as per the detail in the specification (Appendix 1). An initial review of the submissions was made to ensure each business case achieved Part A of the marking criteria.

Three bids, from Network North, Universities and Peak, did not meet Part A and were given 48 hours to make amendments (should they choose) to enable them to progress to Part B of the process. Both Network North and Universities resubmitted their business case but Peak chose not to.

A panel of Accountable Care Partnership representatives then evaluated and scored each submission against the scoring criteria. The panel was made up of:

- Sarah Chance Neighbourhood Development Manager, Sheffield CCG
- Sharon Marriott Senior Programme Manager, Active Support & Recovery Out of Hospital Care, Sheffield CCG
- Helen Steers Health and Wellbeing Manager, Voluntary Action Sheffield
- Robert Carter Mental Health Commissioning Manager, Sheffield CCG
- Helen Chapman Head of Integrated Community Care, Combined Community and Acute Care Group, Sheffield Teaching Hospitals
- Emma Dickenson Commissioning Manager, Sheffield City Council
- Kathryn Robertshaw, Deputy Director for Delivery, Sheffield Accountable Care Partnership

The Accountable Care Partnership representatives evaluated and scored each submission against the scoring criteria within the specification. Bids were then ranked in order from high to low awarding funding allocations until all the funding was allocated. All Networks that got through to presentation have been awarded allocations, although some were reduced.

## **2. Next Steps**

All neighbourhoods have been given specific feedback from the panel to enable them to progress with their business cases.

On the 19th February 2019 members of each successful neighbourhood have been asked to attend the ACP Neighbourhood Development Group where they will meet the other successful neighbourhoods and will share the detail of their proposals

This session will also give them the opportunity to gain a better understanding of the work that is progressing in other neighbourhoods across the city and how the learning might help develop ways to produce a more meaningful, rounded evaluation.

In preparation for this meeting neighbourhoods have been asked to clearly identify the methods they will use to capture baseline metrics and information for the evaluation of the project. They have also been asked to consider how they will ensure they capture the impact and change for both users and staff i.e. cultures and behaviours, shared knowledge and learning/ patient experience/partner

## **3. Evaluation**

As part of supporting the evaluation process for transformation monies the CCG organised a workshop to support neighbourhoods to design their evaluation, this was held on Friday 13th December 2019, the session had very positive feedback positive.

Chris Hewitt (Co:Create Manager) and Tom French (Co:Create Associate) led an interactive half-day workshop to look at suite of methods, tools and approaches to gathering data which each neighbourhood team can now use to capture progress.

## **4. Reporting**

Each neighbourhood will be required to follow the following monitoring process

- Quarter 1 – An initial report covering the progress made during January, February and March 2020, due on 15<sup>th</sup> April 2020
- Quarter 2 – CCG/ACP Officers will arrange a monitoring session to visit the networks to discuss the progress in April, May or June 2020
- Quarter 3 – A second report covering progress made during July, August and September 2020, due on 15<sup>th</sup> October 2020 (mid- term evaluation)
- Quarter 4 – A report capturing the whole year, with particular reference to the outcomes being delivered after the funding period has ended in December 2020,

due on 31<sup>st</sup> January 2020 (full year evaluation) The framework for the evaluation should seek to capture the Outcome Summary described in their submission, in particular the actions described to measure impact and success of the proposal. This can be done in partnership with other organisations and should be factored in to their budget plan.

- In each quarter, case studies should be submitted that demonstrate the benefits to people who use the service; people who work within the service and any changes that this may support in service delivery i.e. people, teams, organizations etc.

This information will then be collated and presented to the Primary Care Commissioning Committee, Neighbourhood Development Group and the ACP Primary Care Board.

## **5. Action Required by PCCC**

PCCC is asked to:

- Note the work and progress to date for phase two of transformation Neighbourhoods

Paper prepared by: Sarah Chance, Neighbourhood Development Manager

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

January 2020

Neighbourhood	Transformation Phase Two Submissions	O	Fund
GPA1	To develop an enhanced multi-organisation, multi-service Dementia Holistic Care Pathway working with all partners to meet the needs of this cohort of patients. Supporting GPA1 to reshape their bid slightly and reduce financial envelope from 110,000.		£90,000
Seven Hills	The project focuses on early identification of the top seven causes of early mortality in patients aged 25-39 years through health checks and intervention tailored to our community. It reduces the barriers of accessing support by training local volunteers to deliver tailored peer support and a helping hand to patients with identified needs within their community as well as using these community members to encourage engagement with existing intervention schemes. Volunteers will provide a trusted face and community language support where needed to help break down barriers.		£81,220
Heeley Plus	Develop social prescribing and how we address the wider determinants of health in our PCN foot print.		£100,000
SAPA5	To provide a person-centred, co-produced model of care across our network which enables effective working with services and organisations to improve the quality of care for the frail and elderly		£69,320
Network North	Early Intervention Working for Children and Adolescents		£33,566
Upper Don Valley	Supporting Young people ( 13 – 25 year) in the Upper Don area to lead happy , healthy and fulfilling lives		£125,352
Porter Valley	Practical support to reduce isolation, promote independence and through encouragement achieve supported self-management to age well and live healthier for longer in partnership with Age UK		£99,625
Peak	Increase public awareness of cardiopulmonary resuscitation (CPR) and the use of automatic defibrillators (AED). Increase the availability of life saving skills within the network population. Train children/young people to perform. <b>Not funded as does not meet the specification</b>		
UoS Student Network	Transforming Primary Care Support for Transgender Students. <b>Not funded as not in keeping with the specification but escalated internally with mental health colleagues.</b>		
Townships 2	Provide an acute home visiting service during practice hours to meet the demand for same day urgent visits via a paramedic. This service will be integrated with system partners, in particular OOH service and A&E/secondary care to provide higher quality and more timely co-ordination of care. <b>Not funded as does not meet the specification</b>		



## Appendix One Neighbourhood Development Transformation Funding

### Overview

Continuing with Sheffield's ambition to further support and mobilise Neighbourhoods as delivery mechanisms and to support their ongoing development the CCG are pleased to invite applications for the second phase of transformation funding.

### Background

Primary Care is seeing huge developments in the way it works at different scales. The introduction of the Primary Care Network DES emphasises the need for integrated working. PCNs describes the groups of GP practices working more closely together, with other primary and community care staff and health and care organisations, providing integrated services to their local populations.

Complimentary and additional to this are our Sheffield Neighbourhoods which bring together health, social care, statutory and voluntary sector stakeholders who work together to coordinate and make the best and most effective use of local services for people in their local area. Each Neighbourhood should have a set of priorities based on the health and social needs of their particular area. There is also a strong focus on preventing ill health, reducing unnecessary hospital admissions and supporting people to gain control of their own health and wellbeing.

In the first phase twelve business cases were received from eleven Neighbourhoods, six were awarded transformation monies having demonstrated a robust approach and maturity to progress the new models of care by working with system partner's at-scale.

The CCG envisages that investing in this way will enable neighbourhoods to achieve greater integrated delivery, demonstrating the capability of delivering sustainable and impactful changes to both service users and the health and care system in care outside of hospital.

Whilst this money is primary care transformation funding. It is expected that the submissions are jointly developed with partners within the Neighbourhood.



The benefits of this investment are expected to support the case for a longer term shift in resources to all neighbourhoods, identifying opportunities for increased scope for working at scale. For this 2<sup>nd</sup> phase funding will again support a number of successful submissions.

Applications are open to

- Neighbourhoods that have not previously applied,
- Neighbourhoods who were not successful in phase one
- Neighbourhoods who received less than £100,000 funding in phase one.

## **Funding**

The funding allocation for this phase is a total of £600,000 and funding allocations will be paid in a one-off payment at the beginning of January 2020. It is anticipated that the project will commence and run in and beyond 20/21.

Awards will generally be to a maximum of, £100,000, but larger amounts may be awarded in exceptional circumstances and where the submission exceeds expectation, additionally bids for smaller amounts are also welcomed.

The funding for your proposed projects must not include the budgets for::

- Capital costs (i.e. physical improvements/alterations to buildings)
- Provision of funds to go towards the general, everyday expenditure of an organisation
- Staff Resource (unless the Neighbourhood can demonstrate a clear plan of sustainability)

## **Evaluation of Submissions**

An initial review of the submissions will be made to ensure each business case achieves Part A of the marking criteria. Submissions that do not will be offered the opportunity to make amendments ensuring that they can then progress to Part B of the process. A panel of Accountable Care Partnership representatives will then evaluate and score each submission against the scoring criteria. Bids will be placed in ranked order from high to low awarding funding allocations until all funding is allocated. Should any funding be unallocated and unable to fully fund the next ranked submission they may be offered the funding for a smaller



scale proposal. This will ensure that as many Neighbourhoods as possible receive funding supporting more of the population.

## Neighbourhood Requirements

The successful Neighbourhoods will have :-

- A fully operational business model that uses systematic population health analysis to understand their populations' needs enabling them to design interventions and new services models to meet these.
- Use the business model to create a cross service integrated team that provides a personalised approach to care ,reducing the need for hospital based care that can be better provided within a neighbourhood, are able to spend more time per patient, work around digital access to shared records, and consider a shared use of resource.
- It is a requirement of the successful Neighbourhoods that time will be allocated to producing evaluations of any workstreams that are resourced. The evaluation process and monitoring plan must be included in the business case.
- The Neighbourhoods will also be expected to share learning across the other Sheffield Neighbourhoods to then support their development. This will include presentations at Neighbourhood Learning Networks and other Accountable Care Partnership Meetings.

Please include any evidence which highlights the work previously carried out as a Neighborhood to support your application.

## Investment Criteria

The main criteria for phase two is that the model is for a change or a new way of working. In particular Neighbourhoods must consider the priorities set out in the [Long Term Plan](#) and look towards progressing these for their local population. The Business case should also consider project management resource to implement and evaluate the project efficiently.

Submissions are invited for new projects and proposals that clearly demonstrate:-

- A change involving multiple partners focusing on a cohort of patients prominent in the Neighbourhood
- The rationale for the project is fully supported by data demonstrating the need.



- A change that aligns the neighbourhoods population health and wellbeing need alongside a new model of care
- Commitment to delivering Neighbourhood joined up and coordinated care
- Promoting Person Centered approaches and patient activation
- Further developing cross provider relationships
- Embedding a culture of quality improvement and demonstrating this via evaluation and metrics

(It is anticipated that the Network will be the sponsor for the project but other organisations can be the lead and the proposal should also align to the PCN Network Development Plan)

### **Monitoring & Evaluation**

The monitoring process for successful applicants will be as follows:

- Quarter 1 – An initial report covering the progress made during January, February and March 2020, due on 15<sup>th</sup> April 2020
- Quarter 2 – CCG/ACP Officers will arrange a monitoring session to visit the networks to discuss the progress in April, May or June 2020
- Quarter 3 – A second report covering progress made during July, August and September 2020, due on 15<sup>th</sup> October 2020 (mid- term evaluation)
- Quarter 4 – A report capturing the whole year, with particular reference to the outcomes being delivered after the funding period has ended in December 2020, due on 31<sup>st</sup> January 2020 (Full year Evaluation) The framework for the evaluation should seek to capture the Outcome Summary described in your submission, in particular the actions described to measure impact and success of the proposal. This can be done in partnership with other organisations and should be factored in to your budget plan.
- In each quarter case studies should be submitted that demonstrate the benefits to people who use the service; people who work within the service and any changes that this may support in service delivery i.e. people team's organisations etc.

**All templates for reports will be provided by the CCG.**

### **Exclusions**

- As this is to be funded from non-recurrent transformational monies, it must provide a sustainable change or improvement to patient outcomes. Short term projects or those



with no evidence or commitment to sustainability will not be considered.

- Shared bids from more than one neighbourhood; it must only fund neighbourhood specific projects.
- Submissions from Neighbourhoods that have previously been successful in receiving over £100,000



<b>Assessment Criteria</b>		
Bids for the transformation funds shall be assessed on the basis of the criteria set out below with a maximum weighting for each criteria as follows:		
<b>Part A</b>	<b>Achieved</b>	<b>Follow Up</b>
A change involving multiple partners focusing on a cohort of patients prominent in the Neighbourhood		
The rationale for the project fully supported by data demonstrating the need.		
A change that aligns the neighbourhoods population health and wellbeing need alongside a new model of care		
Commitment to delivering Neighbourhood joined up and coordinated care		
Promoting Person Centred approaches and patient activation		
Further developing cross provider relationships		
Embedding a culture of quality improvement and demonstrating this via evaluation and metrics		
<b>Part B</b>	<b>Question</b>	<b>Weighting</b>
Demonstrates a clear understanding and evidence of the neighbourhood population		<b>25%</b>
Demonstrates current and future models of partnership working		<b>25%</b>
Provides evidence of a sound approach to project implementation (including timeline) monitoring performance and associated risk management		<b>15%</b>
Demonstrates a robust evaluation which demonstrates the change from the transformation projects.		<b>15%</b>
Provide a comprehensive financial model which evidences sustainability after initial funding.		<b>15%</b>
Representative of the direction of the Long Term Plan		<b>5%</b>
<b>Total</b>		<b>100</b>



<b>Score</b>	<b>Description of Submission Response</b>
1 - 2	Unsatisfactory response, the submission does not meet the described investment criteria, or does not include sufficient detailed information including evidence of how the neighbourhood is able to deliver and sustain the outcomes
3 - 4	Unacceptable response, suggesting the submission would have some difficulties in delivering the proposal, or has provided little relevant information including evidence of how the neighbourhood is able to sustain the outcomes
5 - 6	Acceptable response, indicating that the submission meets some of the described criteria, but further work and information may be needed to ensure the neighbourhood is able to sustain the outcomes.
7 - 8	Good response, clearly indicating that the submission meet the described criteria and sustain the outcomes. There may be some small clarifications required in some areas.
9 - 10	Comprehensive submission, indicating that the submission exceeds the described criteria and is able to demonstrate that the neighbourhood is able to sustain the outcomes.

## Application Process

Neighbourhoods that would like to be considered for additional resource should complete and return the attached Business Case template detailing their transformation project by Friday 1<sup>st</sup> November 2019. You should only submit one transformation project per business case template. You are also required to submit a project plan detailing both planning and implementation phases. Finally a fully completed and signed Finance Agreement detailing who the money will be paid to/held by on behalf of the Neighbourhood. This will have a copy of the business case proposal appended upon approval.

It may be useful to also include relevant appendices detailing what Neighbourhood work has already taken place to date and details of other Neighbourhood partners supporting this application. All practices within the Neighbourhood should be supportive of the application.

The Neighbourhoods selected for this phase will be identified through the following process

1. The Business Cases will be evaluated by members from the ACP who have no conflicts of interest.
2. The CCG finance team will review the finance plans.
3. The Neighbourhoods that achieve the elements identified above and whose business case demonstrates transformational change will be invited to a Presentation and Question and Answer session with the panel on 20<sup>th</sup> or 21<sup>st</sup> November 19.
4. The unsuccessful Neighbourhoods will be informed and feedback will be provided (time frame) to enable them to develop the business case for any future phase.

Please complete and return the business case, project and financial plan and any supporting information to Sarah Chance by emailing [sarahchance@nhs.net](mailto:sarahchance@nhs.net) or in person **by Friday November 1st 2019** (please note this date is not flexible).

For further information or support please contact [sarahchance@nhs.net](mailto:sarahchance@nhs.net) or 0114 3051575.