Report to:	**SINGLE COMMISSIONING BOARD**
Date:	17 January 2017
Officer of Single Commissioning Board	Clare Watson, Director of Commissioning
Subject:	**NEIGHBOURHOOD PRIMARY CARE INNOVATION SCHEME**
Report Summary:	The NHS Planning Guidance issued in December 2013 – 'Everyone Counts – Planning for Patients 2014/15 to 2018/19' [1]- set out proposals for the investment of the NHS budget 'so as to drive continuous improvement and to make high quality care for all, now and for future generations into a reality'. This included a section on 'wider primary care – provided at scale' and specified that: CCGs will be expected to support practices in transforming the care of patients aged 75 or older and reducing avoidable admissions by providing funding for practice plans to do so. They will be expected to provide additional funding to commission additional services which practices, individually or collectively, have identified will further support the accountable GP in improving quality of care for older people. This funding should be at around £5 per head of population for each practice, which broadly equates to £50 for patients aged 75 and over. Practice plans should be complementary to initiatives through the Better Care Fund. Tameside & Glossop CCG made the decision to allocate a budget of £1.2m to support member practices in the delivery of schemes to meet the criteria outlined above. Practices were invited to present proposals for approval via PIQ (Planning Implementation and Quality committee – predecessor to PRG) at either an individual practice level, or as groups of practices (up to neighbourhood level). During 2014/15 – 2015/16 a number of schemes have been designed, developed and implemented across the locality, with learning and results shared to inform future developments. The practices have been supported by CCG officers from the finance and commissioning teams, and by their neighbourhood clinical leads. In 2015/6 PIQ made the decision that from 1 April 2017 any schemes would need to be on a neighbourhood level, in line with the development of the Integrated Neighbourhood element of the locality's integration plans. The purpose of this report is to present the background and current position and provide recommendations for 2017-18.
Recommendations:	Single Commissioning Board are asked to review the attached proposal which was presented to the Professional Reference Group in December, requesting support for the allocation of £723,855 to a Neighbourhood Primary Care Innovation Scheme for 2017-8, to take forward the benefits from existing schemes, continue the alignment of primary care within the neighbourhood model, and contribute towards delivery of the benefits specified in the locality's integration plans.

[1] https://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf

	Single Commissioning Board are asked to consider and support the recommendation from the Professional Reference Group that the funding should be a call on the GM Transformation funding earmarked for the Integrated Neighbourhood model rather than a separate commissioner held budget. In supporting the recommendations; the SCB acknowledges that the process and governance to allocate the GM Transformation monies is still to be agreed by the system's Care Together Programme Board.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The CCG has included £723k in the budget setting exercise (part of the S75 agreement) to pay for this in 2017/18 as part of the wider neighbourhood proposition. The finance group support the recommendation made in the paper to progress the identification of schemes and proposals to be considered against the Neighbourhood Primary Care Innovation Scheme. All bids will need to be aligned to the economy wide transformation objectives and will need to be evaluated against the targets of the investment agreement, including the requirement to stem activity growth to the secondary care sector (hospital services). Where schemes have already been in place and are due to cease in March 2017, it will be necessary for a full benefits realisation assessment of that scheme to have been undertaken in order for it to be submitted as a further bid in 2017/18. Governance arrangements around the wider neighbourhood offer are still under development. It is important to ensure that primary care schemes are fully aligned with schemes under development within the ICO and to ensure there is no duplication of effort. As such the finance group propose that any primary care schemes supported by the panel this will only represent an initial approval, until a process has been established that links all neighbourhood investment into accountable structures which deliver the required benefits. This means that all neighbourhood investment proposals (including the neighbourhood pharmacy model and all proposals which have been generated within the ICO) would need to be reviewed and prioritised within new governance arrangements to assess value for money, deliverability within the financial envelope and to ensure milestones and targets as part of the investment agreement will be met. As such each proposal will be required to identify how it supports the delivery of the required benefits to stop growth in activity and close the £70m economy gap.
Legal Implications: **(Authorised by the Borough Solicitor)**	Provided it can be demonstrated this offer is driving continuous improvement it will be in line with the NHS planning guidance referred to in the report and there will be therefore a lawful outcome to the process, which is not only about outcomes for the public purse but about improved services for the public. Clearly governance arrangements will be key to this outcome, and so any decision to spend money should be made in principle subject to approval of these governance arrangements.
How do proposals align with Health & Wellbeing Strategy?	Improved care and outcomes, a focus on early intervention and prevention for all patients are priorities of the Health & Wellbeing Strategy, and are priorities for the Integrated Neighbourhood model. The Primary Care Neighbourhood Innovation proposals will need to address the objectives of the IN model.

How do proposals align with Locality Plan?	The development and implementation of the Integrated Neighbourhood model is a key part of the Tameside & Glossop Locality Plan. The vision to move quickly to a fully person-centred and integrated model of care, with a much heavier emphasis on prevention, supporting self-care and care closer to home is in line with the vision for Integrated Neighbourhoods.
How do proposals align with the Commissioning Strategy?	Integrated Neighbourhoods are key to the delivery of our commissioning strategy. The strategic commissioning priorities of a focus on the ***wider determinants*** of health and wellbeing, early intervention and prevention across the life course to encourage ***healthy lifestyles*** and promote, improve and sustain population health, creating a care model so that people with ***long term conditions*** are better supported and equipped with the right skills to manage their conditions more effectively, and supporting positive ***mental health*** in all that we do are clearly delivered by the IN model, of which this proposal is a key element.
Recommendations / views of the Professional Reference Group:	PRG recommended that the scheme should proceed but that the funding should be a call on the Transformation funding from GM earmarked for the Integrated Neighbourhood model rather than a separate commissioner held budget
Public and Patient Implications:	Section 4.6 of this paper states that any proposal submitted under this scheme will need to provide evidence of consideration of patient and public engagement and implications. The proposal is that the panel carrying out the assessment of proposals is inclusive of a patient / public representative to ensure this is a key part of the overall assessment process.
Quality Implications:	The delivery of the Integrated Neighbourhood model, of which this is a key part, will improve the quality of life of our population, improve the quality of interactions with health & social care professionals, and deliver improvements in our population's ability to be resilient and self-manage, on an individual and community basis. Neighbourhoods will be expected to produce evidence in their proposal of the quality implications of their scheme.
How do the proposals help to reduce health inequalities?	Neighbourhoods will be expected to provide evidence in their proposal of the impact on health inequalities.
What are the Equality and Diversity implications?	Neighbourhoods will be expected to provide evidence in their proposal of how any equality and diversity implications have been identified and addressed.
What are the safeguarding implications?	Neighbourhoods will be expected to provide evidence in their proposal of any safeguarding implications, and the panel carrying out the assessment will seek assurance that this has been carried out.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Neighbourhoods will be expected to provide assurance that all issues relating to information governance have been considered and addressed. The Commissioning Business Managers will provide support to ensure Privacy Impact assessments are carried out where required.

Risk Management:	Neighbourhoods will be expected to include in their proposals details of any potential risks, and a report on how these will be mitigated and managed.
Access to Information :	The background papers relating to this report can be inspected by contacting Alison Lewin, Deputy Director of Transformation, Tori O'Hare, Head of Primary Care, or Clare Watson, Director of Commissioning Telephone: 0161 304 5300 e-mail: clarewatson2@nhs.net tori.ohare@nhs.net alison.lewin@nhs.net

1 INTRODUCTION AND BACKGROUND

1.1 The NHS Planning Guidance issued in December 2013 – 'Everyone Counts – Planning for Patients 2014/15 to 2018/19' [2]- set out proposals for the investment of the NHS budget 'so as to drive continuous improvement and to make high quality care for all, now and for future generations into a reality'. This included a section on 'wider primary care – provided at scale' and specified that: CCGs will be expected to support practices in transforming the care of patients aged 75 or older and reducing avoidable admissions by providing funding for practice plans to do so. They will be expected to provide additional funding to commission additional services which practices, individually or collectively, have identified will further support the accountable GP in improving quality of care for older people. This funding should be at around £5 per head of population for each practice, which broadly equates to £50 for patients aged 75 and over. Practice plans should be complementary to initiatives through the Better Care Fund.

1.2 Tameside & Glossop CCG made the decision to allocate a budget of £1.2m to support member practices in the delivery of schemes to meet the criteria outlined above. Practices were invited to present proposals for approval via PIQ (Planning Implementation and Quality committee – predecessor to PRG) at either an individual practice level, or as groups of practices (up to neighbourhood level).

1.3 During 2014/15 – 2015/16 a number of schemes have been designed, developed and implemented across the locality, with learning and results shared to inform future developments. The practices have been supported by CCG officers from the finance and commissioning teams, and by their neighbourhood clinical leads.

1.4 In 2015/6 PIQ made the decision that from 1 April 2017 any schemes would need to be on a neighbourhood level, in line with the development of the Integrated Neighbourhood element of the locality's integration plans.

1.5 The purpose of this paper is to present the background and current position and provide recommendations for 2017-18.

2 CURRENT POSITION

2.1 The majority of the Tameside & Glossop practices have participated in the 'Over 75s' scheme since April 2014. The current position is that we have £931,752 invested in schemes across the locality:

Neighbourhood	Total 2016-17 investment
Ashton (North)	£144,458
Denton (West)	£189,935
Stalybridge (East)	£151,063
Hyde (South)	£313,310
Glossop	£132,987
TOTAL	**£931,752**

2.2 The funding has been used to develop and implement a number of different schemes, including in-house / practice based pharmacists, additional medical support for over 75s, PPG led 'care champion' roles, non-medical care co-ordination and support / community development, and hospital & care home in-reach.

[2] https://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf

2.3 Schemes were only offered to those aged 75 and over. The benefit of a number of the offers to all ages was noted in the design and evaluation, but due to the funding stream and criteria in use, it has not been possible to offer support to people under the age of 75.

2.4 The schemes funded during 2016-17 are currently undergoing evaluation against the aims included in their original proposals presented to PIQ, and will form part of the decision making process for the investments in 2017-18 as detailed below. These findings will be presented to PRG in January 2017.

2.5 To ensure we are adhering to the decision taken by PIQ during 2015-16 re the neighbourhood basis for future models, the Single Commission will communicate with all practices as appropriate. Practices with 'sub-neighbourhood' proposals will have notice served, and those who are participating in neighbourhood-wide projects will be reminded that funding is in place until 31 March 2017. All will be informed that a process for the allocation of 2017-18 funding is in development and that this will be shared as soon as possible.

2.6 PRG and SCB have approved a proposal for the development and implementation of a Neighbourhood Pharmacy Support Team. This proposal was developed following the learning from schemes introduced under the banner of the 'over 75s' programme and will therefore replace the individual practice-based arrangements currently in place. A programme of work is being undertaken to ensure clear transition from the current arrangements to a locality-wide offer from 1 April 2017. Discussions regarding the funding arrangements and the use of the GM Transformation Funding are also ongoing and at the time of writing this report, the £604,000 required to deliver the neighbourhood pharmacy model is included in the draft Investment Agreement between the Single Commission and the GM Health & Social Care Partnership.

3 FINANCIAL POSTION 2017/18

3.1 The budget in the CCG ledger for 2016-17 is a recurrent budget and was subject to the same evaluation and consideration as all CCG budgets during the development of the CCG Financial Recovery Plan. As a result, the budget has been reduced by £500k (recurrently) which has contributed to the CCG QIPP.

3.2 The budget available for 2017-18 has been confirmed as £723,855. This is the budget on which the proposals below are based.

4 PROPOSED APPROACH FOR 2017/18

4.1 The recent planning guidance[3] - NHS Operational Planning and Contract Guidance 2017-2019 - superseding that from 2014, does not include any reference to a requirement to offer the '£5 per head of population' for over 75s.

4.2 Despite the specific requirement to offer the '£5 per head' the proposal is to design and implement a 'Neighbourhood Primary Care Innovation Scheme' as an 'all age' scheme. Removing the restrictions of the over 75 age group, but encouraging innovative ways to manage the Tameside & Glossop population in a primary care setting, in line with our Locality Plan and integrated care model, specifically the Integrated Neighbourhood model.

4.3 It is proposed that we allocate the £723k available from 1/4/17 on a weighted registered population basis, identifying a share of this budget per practice (and with neighbourhood totals. On this basis, using July 2016 weighted registered population figures, the allocation per neighbourhood would be as follows:

[3] https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

Neighbourhood	Total registered population	Weighted registered population	% of weighted registered population	Allocation based on % share of £723k
Ashton (North)	56,690	60,722.74	23.57	£170,620
Denton (West)	49,714	51,710.47	20.07	£145,297
Glossop	32,082	30,820.47	11.96	£86,600
Hyde (South)	62,914	68,826.96	26.72	£193,391
Stalybridge (East)	43,850	45,535.47	17.68	£127,946
Total	**245,250**	**257,616.11**	**100**	**£723,855**

4.4 PIQ (and subsequently PRG) proposed that only neighbourhood wide schemes would be accepted from 1/4/17. This paper recommends that we adhere to this and proposals for 2017-18 will only be accepted at a neighbourhood level. Individual practice schemes will not be accepted. Proposals will be accepted which 'test' more than one way of working at a neighbourhood level and have more than one element to them, but only 5 proposals will be requested and accepted.

4.5 The economy put together a detailed 'cost benefit analysis' to support the successful proposal for GM Transformation funding. This proposal stated that the implementation of the Healthy Lives and Integrated Neighbourhoods projects would maintain activity over the next 5 years at the 2016-17 planned levels for A&E attendances, non-elective admissions, emergency excess bed days and outpatients, and reduce growth in elective and daycase admissions by 50%. This uses planned activity and budgets for 2016-17 as a baseline. We The figures relating to activity and finance are shown below:

£000	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	16/17 TOTAL	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	17/18 TOTAL	2018/19 TOTAL	2019/20 TOTAL	2020/21 TOTAL	Total
A&E	0	0	0	0	0	0	17	35	52	104	390	575	862	1,931
Non Elective	0	0	0	0	0	0	91	181	272	544	2,031	2,990	4,481	10,046
Non Elective XBD	0	0	0	0	0	0	8	17	25	50	190	279	419	938
Elective	0	0	0	0	0	0	29	58	87	174	648	953	1,429	3,204
Outpatients	0	0	0	0	0	0	59	118	176	353	1,317	1,939	2,907	6,516
TOTAL	0	0	0	0	0	0	204	409	612	1,225	4,576	6,736	10,098	**22,635**

Activity	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	16/17 TOTAL	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	17/18 TOTAL	2018/19 TOTAL	2019/20 TOTAL	2020/21 TOTAL	Total
A&E	0	0	0	0	0	0	147	293	440	880	3,287	4,840	7,191	16,198
Non Elective	0	0	0	0	0	0	55	110	165	330	1,235	1,818	2,701	6,084
Non Elective XBD	0	0	0	0	0	0	38	77	115	230	863	1,270	1,887	4,250
Elective	0	0	0	0	0	0	27	53	80	160	594	874	1,299	2,927
Outpatients	0	0	0	0	0	0	513	1,026	1,539	3,078	11,493	16,921	25,141	56,633
TOTAL	0	0	0	0	0	0	780	1,559	2,339	4,678	17,472	25,723	38,219	**86,092**

We will calculate/'allocate' these figures at a neighbourhood level and will expect proposals to identify how they will contribute towards delivery of these benefits.

4.6 Single Commission officers will ensure any proposals developed are aligned with the Locality Plan, Health & Well Being strategy, and Commissioning Strategy, and that patient / public involvement is evident. They will also ensure the proposals address issues relating to quality implications, the reduction of health inequalities, equality & diversity, safeguarding and information governance (including any necessary privacy impact assessment).

4.7 Practices will receive support from the Single Commission officers and Clinical Leads to develop their proposals and evidence how they meet the Cost Benefit Analysis expectations set out in our Integrated Neighbourhood model.

4.8 Proposals for the allocation of the 'over 75s' funding were presented by the Practices to PIQ, with a request that any proposals set out how they would meet the criteria set in the national guidance. This was a lengthy process, and in some cases involved presentation / comments

/ re-working / repeat attendances at PIQ committees. This resulted in some delays to implementation.

4.9 To ensure delays are minimised and proposals are considered in a timely and effective manner, the recommendation is that we establish a panel, working on behalf of PRG, to review the 5 proposals from the neighbourhoods against the cost benefit analysis referred to above. The expectation would be that this panel operates on behalf of PRG and provides a report and recommendations to the March PRG, enabling a decision to be taken and implementation to commence by the start of the new financial year. Thus maximising the in-year impact of the proposals.

4.10 The recommendation is that this panel consists of:

- PRG Co-Chairs;
- Clinical representatives (minimum 3);
- Finance Economy representative;
- ICO Healthy Neighbourhoods representative;
- Single commission officers x 2 (in addition to the Commissioning Business Managers who will be providing support to the development of the proposal);
- Patient / PPG representative / elected member (to ensure patient views are represented in any proposal presented to the Single Commission).

5 RECOMMENDATIONS

5.1 As set out on the front of the report.