

Report to: STRATEGIC COMMISSIONING BOARD

Date: 17 April 2018

Officer of Strategic Commissioning Board Jessica Williams, Interim Director of Commissioning

Subject: COMMISSIONING IMPROVEMENT SCHEME 2018/19

Report Summary: A two element Commissioning Improvement Scheme (CIS) scheme is being proposed to support Tameside and Glossop General Practice in 2018/19. This report outlines the two elements of the proposal for consideration by Strategic Commissioning Board. The aim of the proposal is to support continued transformation of the economy, improving Healthy Life Expectancy, reducing health inequalities, improving outcomes and delivering financial sustainability of services across the economy. We are therefore proposing to move CIS to a neighbourhood focus and alongside this want to make available up front via investment in neighbourhoods to test or continue schemes which will address pressures, quality and financial.

Recommendations: The Strategic Commissioning Board is asked to consider and support:

1. The proposal for 2018/19 and approve communication of this proposal to practices.
2. The calculation of budgets at neighbourhood level, in line with 2017/18 budget setting methodology, and with the continuation of high cost patient risk pool in line with 2017/18.
3. The cap on CIS achievement payments per neighbourhood of £100k and the proposed continuation of a panel process for approval of spend proposals and to indicate any recommendations for criteria for how this investment could be spent.
4. The proposal of a panel approval process for the Invest to Save element of the scheme and to indicate any recommendations for criteria for how this investment could be spent.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
TMBC Adult Services	-	-	-	-
TMBC Children's Social Care	-	-	-	-
TMBC Population Health	-	-	-	-
TMBC Other Directorate	-	-	-	-
CCG	1,125	-	-	1,125
Total	1,125	-	-	1,125
Section 75 - £'000 Strategic Commissioning Board	Neighbourhood CIS element (capped at £100k per neighbourhood):			

	<p>5 X £100k = £500k Invest to save element: 5 X £125k = £625k</p>
<p>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison Provision has been made through the 2018/19 budget setting process to fund both elements of the Commissioning Improvement Scheme as set out in this report. It is believed that engagement of neighbourhoods in a scheme such as the one set out in this report is key to controlling spend in secondary care and other high cost areas.</p>	

Legal Implications: (Authorised by the Borough Solicitor)	The Commissioning Improvement Scheme should support and provide outcomes in line with the Strategies outlined below and within this report.
How do proposals align with Health & Wellbeing Strategy?	The proposal supports implementation of innovative proposals which will allow neighbourhoods to test services which will address pressures, quality and financial, or maintain elements of the 2017/18 CIS projects and expand these to a neighbourhood footprint.
How do proposals align with Locality Plan?	The aim of the proposal is to support continued transformation of the economy, improving Healthy Life Expectancy, reducing health inequalities, improving outcomes and delivering financial sustainability of services across the economy.
How do proposals align with the Commissioning Strategy?	The proposal aligns to the Commissioning Strategy and Integrated Neighbourhoods, putting services into neighbourhoods, where appropriate, to improve patient experience and address pressures in the health and care system.
Recommendations / views of the Health and Care Advisory Group:	The discussion paper taken to HCAG in March set out a proposal to either replicate in 2018/19 the 2017/18 practice level CIS or to move to a neighbourhood proposal, therefore reflecting future direction. A hybrid proposal as an interim, one year, step was the outcome of that discussion.
Public and Patient Implications:	Both elements of proposal support neighbourhoods to put in place services which support how and where patients access care with a view to making services more accessible. Services approved will be required to demonstrate the patient experience impact and benefit.
Quality Implications:	Schemes implemented under both elements of the CIS proposal will be agreed to provide patients with the appropriate care, treatment, advice and redirection that they require in order to access the most appropriate service for them. Services approved will be required to demonstrate the quality impact and benefit.
How do the proposals help to reduce health inequalities?	The neighbourhood approach in the scheme is designed to address health inequalities and variation within neighbourhoods.
What are the Equality and Diversity implications?	Proposals agreed under the scheme will be required to demonstrate any equality and diversity implications.

What are the safeguarding implications?

There are no additional safeguarding implications, services and proposals will be designed in line with safeguarding responsibilities through core GMS.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

There are no additional IG implications, services and proposals will be designed in line with IG responsibilities through core GMS.

Risk Management:

Risk will be managed through scheme proposals in line with risk management of core GMS.

Access to Information :

The background papers relating to this report can be inspected by contacting Tori O'Hare



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1. PROPOSAL

1.1 A two element Commissioning Improvement Scheme (CIS) scheme is being proposed to support Tameside and Glossop General Practice in 2018/19. We are aiming to support Practices as far as possible both with CIS and also with funds associated with improving access under the GM Health and Social Care Partnership via the Primary Care Investment Agreement (PCIA). This will be subject to a separate communication as soon as the next steps have been established.

1.2 The aim of the Tameside and Glossop Strategic Commission is to continue to transform our economy and deliver our vision of improving Healthy Life Expectancy, reducing health inequalities, improving outcomes and delivering financial sustainability of services across the economy. We are therefore proposing to move CIS to a neighbourhood focus and alongside this want to make available up front via investment in neighbourhoods to test services which will address pressures, quality and financial, or maintain elements of the 2017/18 CIS model so that those previously successful practices can work in their neighbourhoods to create stability and expand current CIS schemes.

1.3 The two approaches are presented below.

Neighbourhood CIS

1.4 This is the current CIS format in place in 2017/18 however with outcomes (underspend and/or improvement) measured at neighbourhood level. This should enable some practices to achieve CIS when this has previously proved too challenging.

	Budget Outcome	Achievement Proposal
A	Neighbourhood achieves an underspend against their 2018/19 budget and achieved an underspend against their 2017/18 budget	Neighbourhood receives an underspend payment of 50% of the value of the 2018/19 underspend.
B	Neighbourhood achieves an underspend against their 2018/19 budget and this is an improvement from an overspent year-end variance in 2017/18	Neighbourhood receives an underspend payment of 50% of the value of the underspend. Neighbourhood receives 20% of the improvement made, the value of the overspend to breakeven position.
C	Neighbourhood overspends against their 2018/19 budget however that this is an improvement in comparison to the year-end variance in 2017/18.	Neighbourhood receives 20% of the improvement value.
D	Neighbourhood overspends against their 2018/19 budget and this is not an improvement in comparison to the year-end variance in 2017/18.	Neighbourhood does not qualify for an achievement payment.

1.5 To note:

- Achievement payments to be calculated in line with the principles of the 2017/18 achievement grid updated to reflect neighbourhood approach for 2018/19.
- The maximum payment to each neighbourhood is to be capped at £100k.
- The budget setting methodology and the high cost patient risk pool arrangement in place in 2017/18 are to be used in 2018/19.
- The forecasting of achievement payments will be calculated at month 9 data and repeated each month thereafter until a final position is calculated once receipt of month 12 data.
- A panel process, relative to achievement value, will be applied as in 2017/18.
- The criteria by which achievement payments can be utilised to be made stricter but to be for the neighbourhood to determine within that scope.

- The achievement payments will be made to neighbourhoods in 2019/20. It will be for each neighbourhood to determine the receiving organisation within the neighbourhood.

2018/19 Invest to Save Project

- 1.5 In addition to the Neighbourhood CIS the Strategic Commission would like to make £125k available to each neighbourhood in 2018/19 for delivery of an invest to save project to benefit the neighbourhood population and deliver efficiencies; both financial and quality, across the locality.
- 1.6 It is for each neighbourhood to determine:
- how their funding is to be invested;
 - how the funding is to be transacted to the neighbourhood;
 - how the plan will be achieved; and
 - how the impact and success of the plan will be measured and any reviews and adjustments made as required in year.
- 1.6 Scheme proposals should align to the Tameside and Glossop vision. A light touch panel process will be put in place to assess and approve proposals. This will include criteria around the maintenance of best referral and prescribing management practice which have previously been embedded through prior year CIS and therefore support the continued reduction in value of acute contracts.
- 1.8 The Primary Care Team, Commissioning Business Managers and Finance Business Partners will be available to support any practice or neighbourhood discussions.

2. RECOMMENDATIONS

- 2.1 As set out on the front of the report.