

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	12 February 2020
<b>Executive Member:</b>	Councillor Eleanor Wills, Executive Member for Health, Social Care and Population Health
<b>Clinical Lead:</b>	Dr Kate Hebden, Governing Body GP for Primary Care & Dr Vinny Khunger, Governing Body GP for Mental Health
<b>Reporting Officer:</b>	Jessica Williams, Director of Commissioning
<b>Subject:</b>	<b>LOCALLY COMMISSIONED SERVICES – 2020/21 DEVELOPMENTS</b>
<b>Report Summary:</b>	<p>The Locally Commissioned Services (LCS) framework in Tameside and Glossop is series of services commissioned from general practice but which are over and above core primary care contract and nationally developed Directed Enhanced Services (DES). Many of these services have been in place for many years however for 2019/20 we undertook significant review and redesign of these services, framing services within a series of 'bundles', each with a set of outcomes for an area of care.</p> <p>This approach was designed with the intention of creating a framework for continually increasing the level and transparency of investment in general practice and to focus on collective delivery priorities, standards of delivery and to address unwarranted variation. Although currently commissioned from individual practices the introduction of Primary Care Networks creates the potential to commission on a neighbourhood basis. This accelerates the way unwarranted variation across practices can be managed and also supports provision across a population which could support workforce and estate challenges.</p> <p>This paper gives an update on the 2019/20 launch and sign up to the LCS framework and outlines proposals for the inclusion of three additional care bundles from 2020/21 covering access, mental health and partnership working.</p>
<b>Recommendations:</b>	<ol style="list-style-type: none"> <li>1. SCB is asked to NOTE the launch and sign up to the LCS framework in 2019/20.</li> <li>2. SCB is asked to SUPPORT the ongoing development of a recurrent model for increased discretionary funding for general practice and wider primary care which builds on our successful partnership working to date and has a focus on addressing unwarranted variation of provision and outcomes across our population.</li> <li>3. SCB is asked to APPROVE (that within the s75 funding) &amp; RECOMMEND TO CCG the additional bundle proposals as set out in this report and approved the launch of these in February and March for practice review and sign up for delivery from 1 April 2020.</li> <li>4. SCB is asked to APPROVE (that within the s75 funding) &amp; RECOMMEND FOR APPROVAL TO CCG the delegation, the ongoing management and oversight of</li> </ol> <hr/>

these bundles, in line with the management of the existing LCS framework, to the LCS Working Group.

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

<b>Budget Allocation (if Investment Decision)</b>	£3,037,000
<b>CCG or TMBC Budget Allocation</b>	CCG
<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	£1,522,500 – s75 (SCB to determine) £727,500 – In Collaboration (recommendation to CCG) £787,000 - There is a commitment to the funding of this however this is pending clarification through the planning guidance as to whether this is CCG baseline or an additional allocation. In 18/19 and 19/20 this funding stream was a non-recurrent allocation of GP Forward View funding.
<b>Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark</b>	This paper proposes a realignment of existing budgets. It is not seeking additional budget approval over and above that already contained within the 5 year plan. Rather it seeks to improve alignment and goal congruence between General Practice and the strategic objectives of the CCG. Therefore while there are no direct savings associated with the change, it should help to drive value across the system.

**Additional Comments**

**Legal Implications:**

(Authorised by the Borough Solicitor)

This is an extension of the existing LCS commissioned framework and therefore there are no additional legal implications.

**How do proposals align with Health & Wellbeing Strategy?**

The proposal in this paper aligns to the delivery of strong primary care provision in general practice and across our Neighbourhoods.

**How do proposals align with Locality Plan?**

Delivery of primary care, including the expansion of the range of provision in primary and community services forms a key part of the Locality Plan.

**How do proposals align with the Commissioning Strategy?**

High quality general practice and the reduction of unwarranted variation for our population is a key priority of our commissioning strategy.

**Recommendations / views of the Health and Care Advisory Group:**

HCAG and PCC received the overview of these bundles and supported the inclusion of these as part of the LCS framework from 2020/21.

**Public and Patient**

The drive to achieve improvements in health and care across

**Implications:** primary care is intended to make the most of every opportunity to give people the right support close to where they live with the key principles of people powered change and care delivered by population based models.

**Quality Implications:** The delivery of services through this Locally Commissioned Service framework will support the drive to reduce variation across practices and improve quality of primary medical services for our registered population.

**How do the proposals help to reduce health inequalities?** High quality general practice is a key driver to reducing health inequalities for our population.

**What are the Equality and Diversity implications?** There are no equality and diversity issues; Primary Care Networks will have 100% population coverage.

**What are the safeguarding implications?** There are no additional safeguarding implications, safeguarding policies in place around existing practice contracts would apply.

**What are the Information Governance implications? Has a privacy impact assessment been conducted?** There are no additional information governance implications, the policies in place around existing practice contracts would apply.

**Risk Management:** There are no additional risk management issues arising from this proposal over and above management of patients through existing contractual requirements.

**Access to Information:** The background papers relating to this report can be inspected by contacting the report writer Tori O'Hare

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## 1. INTRODUCTION

- 1.1 The Locally Commissioned Services (LCS) framework in Tameside and Glossop is a series of services commissioned from general practice but which are over and above the core primary care contract and the nationally developed Directed Enhanced Services (DES). Many of these LCS services have been in place for many years however for 2019/20 we undertook significant review and redesign of these services, framing services within a series of 'bundles', each with a set of outcomes for an area of care.
- 1.2 This approach was designed with the intention of creating a framework for continually increasing the level and transparency of investment in general practice and to focus on collective delivery priorities, standards of delivery and to address unwarranted variation. Although currently commissioned from individual practices the introduction of Primary Care Networks creates the potential to commission on a neighbourhood basis. This accelerates the way unwarranted variation across practices can be managed and also supports provision across a population which could support workforce and estate challenges.
- 1.3 The established bundles in place from 2019/20 within the LCS framework are:
- Prevention, Identification and Management of Long Term Conditions
  - Palliative, End of Life and Frailty
  - Quality Improvement
  - Alternative to Hospital/Clinic Based Services
  - Public Health Services (Tameside practices only)
- 1.4 There is an existing recurrent LCS budget of £2.4m, funded from across both the core CCG allocation and the Primary Care Delegated Commissioning (PCDC) allocation. The LCS framework is also supporting the delivery of a number of Neighbourhood led priorities.
- 1.5 This paper gives an update on the 2019/20 launch and sign up to the LCS framework and outlines proposals for the inclusion of additional care bundles from 2020/21.

## 2. 2019/20 LAUNCH AND SIGN UP

- 2.1 The five bundles launched in 2019/20 have been received positively and have sign up by practices as follows:

<b>Specification</b>	<b>Sign Up</b>
Prevention, Identification and Management of Long Term Conditions	37 practices
Palliative, End of Life and Frailty	37 practices
Quality Improvement	37 practices
Alternative to Hospital/Clinic Based Services	varies by specification, between 25 and 36 practices – includes coverage across all 5 neighbourhoods
Public Health Services (Tameside practices only)	varies by specification, between 26 and 31 practices – includes coverage across all 4 neighbourhoods

## 3. PROPOSAL FOR ADDITIONAL BUNDLES FROM 2020/21

- 3.1 The original design of this LCS Framework was to increase investment and transparency of investment in general practice and to improve health provision across general practices for patients. Three additional bundles are proposed for inclusion from 2020/21; these are set

out in sections 4-6 of this paper. The funding (value and source) agreed with finance for each are as follows:

<b>Bundle</b>	<b>£</b>	<b>Funding Source</b>
Access	787,000	There is a commitment to the funding of this however this is pending clarification through the planning guidance as to whether this is CCG baseline or an additional allocation. In 18/19 and 19/20 this funding stream was a non-recurrent allocation of GP Forward View funding.
Mental Health	250,000	This bundle will be funded from the existing LCS budget, this budget is split funded between core CCG allocation and the Primary Care Delegated Commissioning allocation on a 59%:41% ratio basis.
Partnership	2,000,000	There is an existing Commissioning Improvement Scheme budget of £1.375m, with Primary Care Delegated Commissioning growth funding providing the additional £625k.

#### **4. ACCESS BUNDLE**

4.1 Primary Care Committee approved a two year Access Outcomes Framework in 2018/19 which is in place until 31<sup>st</sup> March 2020. This has been reviewed and refreshed and is proposed as an LCS bundle from 2020/21. The focus of this bundle remains as the continued improvement of the range of access, timing and modes of access, use of digital approaches however has been refreshed to reflect current strategy and more recent national and regional priorities. This bundle supports practices to understand patient experience and requirements and to implement change as required.

4.2 The qualifying standard of the current Access Outcomes Framework is proposed to remain, this is the delivery of services, which meet the national definition of 'reasonable needs' throughout core hours. In the specification this will be documented as:

"The qualifying requirement for sign up to the Access Bundle is full practice sign up to their Primary Care Network (PCN) and the requirements of the PCN DES. This therefore includes meeting of reasonable needs, as set out in the NHSE guidance letter of December 2017 (GP Access: expectations in respect of extended and core hours), for 100% of the population across core hours of 8am to 6.30pm each of Monday to Friday (excluding Bank Holidays).

4.4 This is not to say every practice must be open throughout core hours but that 100% of the population are able to access the types and range of services outlined above. This provision may be delivered by individual practices or be subcontracted, though in line with the contract must be with appropriate approval by the commissioner, to a neighbouring practice, across the PCN or alternative provider. Where reasonable needs are subcontracted this should be following discussion with PPG and be delivered in a location which is geographically reasonable for patients but does not have to be the registered practice.

4.5 Periods of subcontracting must be approved by the commissioner in line with the practice contract.

4.6 Practices are also required, working as a PCN, to consider the development of services and service provision across that practice membership to support improved outcomes and address unwarranted variation for patients."

- 4.7 A series of indicators sit within this bundle, addressing local priorities for access and digital provision. The same day reporting of access and the management of demand is also included as this data supports system management of demand where an automated data set is not otherwise available.
- 4.8 These indicators are being finalised by a task and finish group and therefore are still subject to small change however for SLT review and comment are currently drafted as:

**Access:**

Patients whose health concern will not wait until the next routine appointment to be **offered same day/next day access** to a primary medical clinician; this may be a telephone, email, online or face to face appointment within the practice, across the PCN, Primary Care Access Service, community pharmacy or optometry as appropriate. Guidance on self-care should be included where appropriate.

**For patients <5yrs and >75yrs and for all age Looked After Children this should be provided same day within core hours i.e. up to 6.30pm. Practices should also have a system for identifying priority patients for whom this would also be appropriate.**

The retention of an indicator around time of day of appointments offered remains in place for discussion through the task and finish group.

**Reporting:**

To provide daily reporting on same day demand; this is an email return (template provided) which indicates the resilience within the practice on the day and should be emailed to tgccg.primarycarereporting@nhs.net. This acknowledges there will be a number of approaches to managing appointments and same day demand within practices however ensures the importance of primary care is recognised as part of the total system demand management and within the system resilience response made daily to GM. This report should be emailed daily from sign up to the framework.

The expansion of this indicator to cover how practices use and act on this information, including an action plan to implement change where demand management indicates this may be required remains in place for discussion through the task and finish group.

**Digital:**

Practices must offer online consultation access to their patients. This could be via a dedicated online consultation system or by other electronic means.

Practices (including through PCN delivery) to develop their digital offer, to include use of video consultations, as an alternative means of access.

- 4.9 This bundle will be commissioned at practice level to reflect registered population however delivery on a PCN footprint is supported.

## **5. MENTAL HEALTH BUNDLE**

- 5.1 The LCS working group has been in discussion with Mental Health commissioners and agreed the development of plans for further investment in Mental Health provision in general practice. This bundle will provide support to general practice for mental health services, and is designed to secure improvements in physical health care for people with Severe and Enduring Mental Illness (SMI) within primary care via SMI Health Checks. This would secure local delivery of the national guidance to CCG "improving physical healthcare for people living with severe mental illness in primary care".

5.2 The proposed Mental Health bundle for 2020/21 is designed to register and offer health checks, and health Action plans, to all adults with a Severe and Enduring Mental Illness (SMI). As a minimum the health check should include:

- A collaborative review with the patient and carer (where applicable) of physical and mental health with referral through the usual practice routes if health problems are identified, including:
  - health problems
  - chronic illness and systems enquiry
  - physical examination
  - behaviour and mental health
  - specific syndrome check
- A check on the accuracy and appropriateness of prescribed medications
- A review of communication needs, including how the person might communicate pain or distress
- A review of family carer needs
- Support for the patient to manage their own health and make decisions about their health and healthcare, including through providing information in a format they can understand and any support they need to communicate.
- Recording of SMI National standards for SMI Health Checks
  - PH 1. BMI OR Height AND Weight
  - PH 2. Blood Pressure
  - PH 3. Blood Lipids inc. Cholesterol OR QRisk
  - PH 4. Blood Glucose OR HbA1c
  - PH 5. Alcohol Consumption Status
  - PH 6. Smoking Status

5.3 This bundle will be commissioned from Primary Care Networks (PCNs) with payment for collective achievement from a PCN of a 60% threshold (this may be reviewed each year to match national expectations) and is based on proportional share of registered patients on the SMI registers.

5.4 Based on current data this could indicate the following potential funding into each PCN.

<b>PCN</b>	<b>% of Tameside and Glossop register</b>	<b>Finance</b>
Ashton	24	£60,000
Denton	19	£47,500
Glossop	12	£30,000
Hyde	30	£75,000
Stalybridge	15	£37,500
		<b>£250,000</b>

## 6. PARTNERSHIP BUNDLE

6.1 Tameside and Glossop has established successful partnership working over the past five years as evidenced by significant improvements in key performance metrics across the health and social care system. This is due to strong working arrangements between many key stakeholders including primary care, ICFT, VCFS, mental health and commissioners. This proposal aims to continue this success by supporting collaborative working among all stakeholders in the wider health economy.

- 6.2 The GP Contract reform document, “Investment and evolution: A five-year framework for GP contract reform to implement *The NHS Long Term Plan*” describes Primary Care Networks (PCNs) as being “intended to dissolve the historic divide between primary and community health services” and that the PCN boundary marks “the extent of PCN accountability for the health and wellbeing of a defined place”.
- 6.3 This Partnership LCS bundle, through the development of a Partnership Investment Fund takes forward the existing Commissioning Improvement Scheme (CIS) structure and sets it in the context of updated national strategy and the PCN DES. The Partnership Investment Fund will be £2m (using existing CIS allocation and growth funding) for investment across neighbourhoods. This will be allocated on a weighted capitation basis to reflect the population size and demographic variation across neighbourhoods.
- 6.4 Based on list size information at 1<sup>st</sup> July 2019, this would see the Partnership Investment Fund split as follows:

Ashton	£464,980
Denton	£403,677
Glossop	£242,896
Hyde	£568,556
Stalybridge	£319,890
	<b>£2,000,000</b>

- 6.5 The delivery plans for this Partnership Investment Fund will be considered in the context of our locality estates, digital and workforce strategies.
- 6.6 The intention is that from April 2021, this bundle will replace the current Commissioning Improvement Scheme (CIS). This bundle is being proposed from April 2020 giving PCNs the option to sign up to this from that date, therefore replacing the CIS with immediate effect. Existing CIS projects will transfer across to this fund where the PCN (following evaluation) elects to continue these projects, and therefore immediately increasing funding available to each Neighbourhood. The investment should reflect the needs of each Neighbourhood with spend to deliver direct patient benefit.
- 6.7 This Partnership bundle builds on the CIS principles and a joined up system focus on the health and wellbeing of a geographical population articulated through a co-designed Neighbourhood Plan to involve all parts of the system. This Neighbourhood Plan will form the basis for use of the Investment Fund and will maximise the workforce, direct patient provision and support staff, irrespective of employer, to improve outcomes and address unwarranted variation across the population.
- 6.8 The Partnership bundle aligns to the Tameside and Glossop Primary Care Workforce Strategy and will support the development of primary care workforce and the breadth of roles in primary care in conjunction with, and aligned to, the Primary Care Academy. This will include a strong focus on education, training and ensure supervision in place for the expanding workforce structure.
- 6.9 The Partnership Investment Fund, through the Partnership bundle, will be commissioned from the PCN however the visibility of neighbourhood decision making, including the PCN Board, will be required.
- 6.10 The use of the fund is to be determined by each neighbourhood, through the PCN Board and in conjunction with the Neighbourhood Team with approval and oversight of the investment through Primary Care Committee to ensure alignment to other commissioned services and system delivery. The evaluation of the Partnership bundle is recommended

be managed through Primary Care Committee and Primary Care Delivery and Improvement Group, supported by Commissioning Business Managers and with a clear focus on outcomes.

- 6.11 The use of the fund will need to show alignment to the Tameside and Glossop Corporate Plan (“Our People - Our Place - Our Plan”) and reflect neighbourhood priorities, supported by the Strategic Commission Neighbourhood Scorecard. For 2020/21 the investment focus will be required to include system delivery of the five Network Specifications:
- Structured Medications Review and Optimisation
  - Enhanced Health in Care Homes, to implement the vanguard model
  - Anticipatory Care requirements for high need patients typically experiencing several long term conditions, joint with community services
  - Personalised Care, to implement the NHS Comprehensive Model
  - Supporting Early Cancer Diagnosis

From 2021/22 this will also include the further two Network Specifications:

- CVD Prevention and Diagnosis; and
- Tackling Neighbourhood Inequalities

The fund will also need to deliver a proactive approach to MDTs, including co-ordination role to maximise use and outcomes of these meetings.

- 6.12 Although this LCS bundle is proposed from April 2020 the development of Neighbourhood Plan and associated spend proposals, including the submission for consideration through Primary Care Committee, will be the priority in the early part of the year. The implementation of schemes, where different to existing CIS projects, will therefore be seen later in the year.

## **7 RECOMMENDATIONS**

- 7.1 As set out at the front of the report.