

Report to: STRATEGIC COMMISSIONING BOARD

Date: 10 February 2021

Executive Member: Cllr Eleanor Wills,, Executive Member – Adult Social Care and Population Health

Clinical Lead: Dr Kate Hebden, - Governing Body GP for Primary Care

Reporting Officer: Jessica Williams, Director of Commissioning

Subject: **LOCALLY COMMISSIONED SERVICES – REVIEW AND RECOMMISSIONING ARRANGEMENTS**

Report Summary: The general practice Locally Commissioned Services (LCS) in Tameside and Glossop were significantly reviewed and redesigned from 2019/20 framing services within a series of 'bundles', each with a set of outcomes for an area of care. Six of the eight bundles are commissioned at practice level, with two commissioned from Primary Care Networks (PCNs).

The current structure of the LCS framework commissions the identification and management of long term conditions, increased focus on palliative, end of life care and frailty, improved access to general practice, quality improvement projects in general practice, alternatives to hospital or clinic based services and the delivery of Severe and Enduring Mental Illness (SMI) healthchecks. Public Health Locally Commissioned Services for Tameside practices form part of this model. The introduction of the Partnership Investment Fund within the model in 2020/21 strengthened the system focus on the health and wellbeing of a geographical population; delivery against the full ambition has been significantly impacted in year by the Covid-19 pandemic.

This investment has, for a number of years been a core aspect of general practice funding, and any significant change to the investment would have a corresponding impact on the scope and potential for service delivery, patient outcomes and the resilience of our general practices. The investment aligns to our Corporate Plan priorities of Longer Healthier Lives and Independence and Dignity in Older Age. It also delivers on key Strategic Commission priorities of care close to home, stronger neighbourhoods and supports the capacity pressure on the ICFT and associated contract cost.

The activity commissioned through this framework supports outcomes for patients and would need to be commissioned from another provider if these services were not commissioned from general practice. The access to patient records make it much safer to deliver this in general practice and ensures it aligns as part of a seamless offer of care to patients.

Strategic Commissioning Board is asked to support the continued investment into general practice however with a further refresh of the specification to commission from Primary Care Networks from 2021/22.

This refresh is proposed with clear principles and outcomes focus for delivery across neighbourhood partners and member

practices. This aligns with the development of integrated neighbourhoods, the role of PCNs within that and the strategic aim to address unwarranted variation in offer to patients, to reduce health inequalities and improve the proactive identification of patients. This will embed LCS commissioned from general practice as part of the continued delivery model of Strategic Commission priorities.

Recommendations:

That Strategic Commissioning Board be recommended to support the commissioning intentions outlined in this report, including the priorities of the LCS framework and the approach to strategic investment which includes:

1. the continuation of this investment, recognising the priorities addressed through the LCS framework.
2. the contract extension of existing arrangements to 30th September 2021.
3. the re-contracting of the LCS framework from PCNs, with the specification refresh, from 1 October 2021 to 31 March 2023.

In recognition of the breadth of investment across CCG and SCB governance, this paper will also be considered by Primary Care Committee in February.

Financial Implications:

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

Budget Allocation (if Investment Decision)	
CCG or TMBC Budget Allocation	£5.3m CCG (£4.2m core CCG allocation; £1.1m delegated allocation / £200k TMBC
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	In-collaboration and S75 aligned
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB/CCG
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	

Additional Comments

There is a recurrent CCG LCS budget of £5.3m, split funded across the core CCG allocation (£4.2m) and the Primary Care Delegated Commissioning (PCDC) allocation (£1.1m). These services are historically CCG core allocation funded however we moved to split fund so as to support the management of the total CCG financial position.

The report explains there will be new NHS commissioning organisation configuration in place from 1st April 2022 for which the specific detail is currently unknown including the funding allocations and funding flows. It is important these risks are recognised. However, continuity of service provision is crucial for our residents and it is acknowledged that primary care is a key stakeholder in the delivery of integrated neighbourhoods and demonstrating VFM.

Legal Implications: (Authorised by the Borough Solicitor)	As set in the main body of the report continuation of the investment is sought together with a change to the commissioning model so that the entire framework is commissioned at a PCN level. Procurement advice should be sought to ensure that the commissioning is undertaken compliantly especially if there are existing commissioning arrangements which are either expiring or being terminated.
How do proposals align with Health & Wellbeing Strategy?	Proposals are fully aligned with a focus on reducing health inequalities.
How do proposals align with Locality Plan?	Fully aligned with the locality plan focus on place, population outcomes and reducing health inequalities.
How do proposals align with the Commissioning Strategy?	As above.
Recommendations / views of the Health and Care Advisory Group:	Not been discussed at HCAG, financial decision sought.
Public and Patient Implications:	Focus of the paper describes the ambition through this commissioning to improve the proactive and personalised delivery of care with a focus on healthy life expectancy and care close to home.
Quality Implications:	As above
How do the proposals help to reduce health inequalities?	The proposal recommends a shift to commissioning from Primary Care Networks, therefore facilitating delivery of care and resilience of provision across those member practices and partner providers across those neighbourhoods.
What are the Equality and Diversity implications?	None - Primary Care services are available to all.
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:	The move to commission from Primary Care Networks reduces the risk of inequalities of provision across practices. There is a risk in commissioning this way of reduced sign up however this will be managed through proactive engagement and dialogue with Primary Care Networks and member practices.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Tori O'Hare Telephone: 07920 086397 e-mail: tori.ohare@nhs.net

1. INTRODUCTION

- 1.1 The general practice Locally Commissioned Services (LCS) in Tameside and Glossop were significantly reviewed and redesigned from 2019/20 framing services within a series of five 'bundles', each with a set of outcomes for an area of care. The model was expanded from 2020/21 with a further three bundles introduced. Six of the eight bundles are commissioned at practice level, with the remaining two commissioned from Primary Care Networks (PCNs).
- 1.2 The current structure of the LCS framework commissions the identification and management of long term conditions, increased focus on palliative, end of life care and frailty, improved access to general practice, quality improvement projects in general practice and alternatives to hospital or clinic based services. Public Health Locally Commissioned Services for Tameside practices form part of this model. Delivery of Severe and Enduring Mental Illness (SEMI) Healthchecks and a Partnership Investment Fund for investment across neighbourhoods are also included and are the two aspects currently commissioned from PCNs. The introduction of the Partnership Investment Fund in 2020/21 strengthened the system focus on the health and wellbeing of a geographical population, though delivery against the full ambition has been significantly impacted in year by the Covid-19 pandemic.
- 1.3 The current LCS model 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.
- 1.4 A further refresh for 2021/22 reflects the learning from the first contracting period plus the impact of and learning from the Covid pandemic. The latter will be supported by the Primary Care Living with Covid and Build Back Better groups.
- 1.5 This refresh recommends commissioning the total framework at PCN level; this aligns with the development of PCN teams and the strategic aim to address unwarranted variation in offer to patients, to reduce health inequalities and improve the proactive identification of patients. This refresh is proposed with clear principles and outcomes focus for delivery across neighbourhood partners and member practices. This will embed LCS commissioned from general practice as part of the continued delivery model of Strategic Commission priorities.

2. LOCALLY COMMISSIONED SERVICES (LCS) SCOPE

- 2.1 The LCS framework commissions a range of proactive, preventative care and provides services in the community. This investment aligns to our Corporate Plan priorities of Longer Healthier Lives and Independence and Dignity in Older Age. It also delivers on key Strategic Commission priorities of care close to home, stronger neighbourhoods and supports the capacity pressure on the ICFT and associated contract cost.
- 2.2 Some bundles provide proactive, preventative care, for example the Prevention, Identification and Management of Long Term Conditions and the Access bundle. This early identification improves the healthy life expectancy of our population and reduces future acute planned and unplanned care episodes.
- 2.3 Others, such as the Palliative, End of Life and Frailty and Mental Health, support improved provision and quality of care to specific cohorts of patients and support the management of patients through primary care.
- 2.4 The Alternative to Hospital bundle commission's activity locally which is can often be easier for the patient from an access/location perspective or as part of a pathway. The phlebotomy aspect of this bundle has been key during the covid pandemic as additional provision has

been requested from general practice which would historically have been undertaken in the hospital. This will need to be a priority workstream as we move to Build Back Better and learn from this period.

- 2.5 The activity commissioned through this framework supports outcomes for patients and would need to be commissioned via the ICFT or from another provider if these services were not commissioned from general practice. The access to patient records make it much safer to do lots of this in general practice and ensures it aligns as part of a seamless offer of care to patients.
- 2.6 The Quality Improvement (QI) bundle pre-dates the inclusion of QI in QOF and recognises the importance of continuous review and service improvement, the bundle focuses on prescribing project and patient experience. This bundle therefore also supports the achievement of the prescribing QIPP workstreams.
- 2.7 The Partnership LCS bundle was introduced from 2020/21. This is commissioned from PCNs and enabled the expansion of the PCN team as part of a Neighbourhood Plan. The timing of this in year has been a challenge and the capacity of PCNs and neighbourhood partners to come together has been significantly compromised. The Partnership Oversight Group, a sub group of Primary Care Committee will oversee the evaluation of these projects. This bundle supports the delivery of neighbourhoods and strengthens the cohesive delivery of care across a population.
- 2.8 The national strategy, recognising the covid pandemic has now seen the ask of CCGs to suspend any locally commissioned services, except where these are specifically in support of vaccination, or other COVID-related support to the local system, eg wherever they contribute to reducing hospital admissions or support hospital discharge. For 2020/21 updated LCS delivery guidance has been developed to guide practices and PCNs on expectations.
- 2.9 Primary Care Delivery and Improvement Group and the LCS working group oversee the monitoring of this investment; delivery of outcomes as detailed in the bundle specifications.

3. LOCALLY COMMISSIONED SERVICES (LCS) 2021/22 PRINCIPLES

- 3.1 The principles for the refreshed commissioning of these LCS from 2021/22 are framed under an overarching premise for personalised, preventative and proactive care. The model has a clear focus on health inequalities, with the aim of improving the healthy life expectancy of the population of Tameside and Glossop and to reduce the burden of disease.
- 3.2 Under that overarching premise, all aspects of the investment align with the following key themes:
 1. supports the delivery of locally identified priorities,
 2. maintains or increases quality of services
 3. reduces demand elsewhere within the health and social care system.
- 3.3 The design of the LCS framework recognises the Strategic Commission priorities of a place based approach to reducing early deaths, improving healthy life expectancy and delivering sustainable reductions in health inequalities bringing health experience in line with regional and national averages. The design, principles and outcomes will continue to align to our Corporate Plan priorities of Nurturing Communities, Longer and Healthier Lives and Independence and Dignity in Older Age. The enablers to that plan of a place based approach that redefines services and places individuals, families and communities at the heart and also

a stronger prioritisation of wellbeing, prevention and early intervention are key principles of this LCS refresh.

- 3.4 The introduction of PCNs created the potential to commission on a neighbourhood basis. A move to commission the total LCS framework from PCNs, recognises the development and maturity of our Networks, maximises the workforce opportunities and supports provision across a across a population which could support workforce and estate challenges.
- 3.5 The full LCS framework will be commissioned from PCNs from 2021/22 however with flexibility for delivery across neighbourhood partners and member practices. Commissioning the LCS framework in this way supports our strategy of a whole system approach with commitment from all strategic partners and community assets.
- 3.6 A culture of partnership and effective communication, is essential to drive the improvement in population outcomes and improve the health experience and healthy life expectancy of our population recognised throughout our locality plan. The importance of system working with partners across the locality remains a fundamental foundation of this framework.
- 3.7 Personalised care, based on holistic care planning and shared decision making must be a key principle of all commissioning and delivery plans, driven by robust patient engagement. The role of Patient Participation Groups (PPGs) and Patient Network Groups (PNGs), the Partnership Engagement Network (PEN) and our VCFSE partners is critical in this.
- 3.8 In signing up to the LCS framework, practices and PCNs sign up to these principles.

4. LOCALLY COMMISSIONED SERVICES (LCS) OUTCOMES

- 4.1 A review and refresh of the existing specifications is in progress, led by the LCS working group, to reflect the learning from the first contracting period plus the impact of and learning from the Covid pandemic. This working group has clinical and officer membership and represents the scope of commissioning portfolios covered by the LCS framework.
- 4.2 This refresh will support the focus on tackling health inequalities and the proactive identification of patients as set out in the Third Phase of NHS response to Covid-19 letter.
- 4.3 In addition to the move to commission the framework in full from PCNs, the refresh from 2021/22 will also reflect commissioning on an outcomes basis, further aligning commissioning from general practice in line with other providers across the system. A proportion of the LCS specification will remain activity based, namely around Alternatives to Hospital/Clinic Based Services and some Public Health activity with the majority still paid on a capitation and outcomes basis.
- 4.4 This approach supports our strategic vision for neighbourhoods and wraps the totally of proactive and preventative care around a patient. The expectation is for delivery of outcomes across the system and role of communities, PPGs and PNGs, VCSFE and community and mental health service providers is critical and should be visible in delivery models.
- 4.5 The implementation of this approach by PCNs will support the continued development and expansion of integrated neighbourhood teams which are enabled and supported to address the social, psychological, economic and environmental challenges that lead to additional needs.
- 4.6 The investment, in line with Additional Roles Reimbursement Scheme funding under the PCN Directed Enhanced Service (DES), will support the expansion of the Primary Care Network

workforce to meet local priorities, though with the clear expectation the investment should reflect the totality of system partners working together to a common neighbourhood plan.

5. FINANCE

- 5.1 There is a recurrent CCG LCS budget of £5.3m, split funded across the core CCG allocation (£4.2m) and the Primary Care Delegated Commissioning (PCDC) allocation (£1m). These services are historically CCG core allocation funded however we moved to split fund so as to support the management of the total CCG financial position.
- 5.2 This investment has, for a number of years been a core aspect of general practice funding, and any significant change to the investment would have a corresponding impact on the scope and potential for service delivery, patient outcomes and the resilience of our general practices.
- 5.3 It is acknowledged there will be a new NHS commissioning organisation configuration in place from 1st April 2022 for which the specific detail is currently unknown including the funding allocations. However, it is important we plan for continuity of service provision with appropriate flexibility within the contract to allow for transfer of services to successor organisations as necessary but acknowledging the risk of constrained funding.

6. CONTRACTING

- 6.1 The current contracts expire at 31 March 2021; there is a one year extension clause available within this. In light of the Covid pandemic and the challenge and capacity in general practice it is necessary to enact that extension and SCB is asked to support a six month extension to 30 September 2021.
- 6.2 SCB is asked to support the re-contracting of LCS arrangements from 1 October 2021 this will be with the refreshed specification in place. This refresh will be proposed to be commissioned from PCNs however with clear principles and outcomes focus for delivery across neighbourhood partners and member practices. This will embed LCS commissioned from general practice as part of the continued delivery model of Strategic Commission priorities.
- 6.3 It is proposed the contracting from October 2021 be a contract to 31 March 2023 to ensure the transfer of these contracting arrangements into the commissioning organisation reconfiguration from April 2022 however with scope for early review within the new commissioning structure if desired as referenced at paragraph 5.3.
- 6.4 Commitment to investment over that timeline will ensure recruitment to, and establishment of, integrated neighbourhood teams can be embedded. The organisational and culture change can be established more robustly with the outcomes focus be built on a longer term planning cycle.
- 6.5 The specification within the LCS framework will be reviewed and updated as required through this contracting period, for changes in national clinical and strategic guidance, changes in nationally commissioned services and any local service transformation.
- 6.6 This LCS contract will be offered to all Tameside and Glossop CCG PCNs, noting the Public Health aspects being Tameside PCNs only, recognising Local Authority boundaries.

7. CONCLUSION

- 7.1 The potential through the combined budgets described in this paper carries opportunities far in excess of the pure financial investment and can support the continued development of our integrated neighbourhood model, strategic locality ambition centred around population and place and greatly improved outcomes for our residents.
- 7.2 The investment will build on the health inequalities focus in 2020/21 and embed this model of review and service redesign by neighbourhoods for a geographical population ongoing forward.

8. RECOMMENDATIONS

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