



Report to January Scrutiny & Policy Development Committee 15 January 2020

Report of: Nicki Doherty Director of Delivery, Care Outside of Hospital, Sheffield CCG

Subject: Neighbourhood and Primary Care Network Update

Author of Report: Sarah Chance, Neighbourhood Development Manager

Summary:

This report gives an update of the neighbourhood transformation monies and an overview of the current position since the introduction of the Primary Care Network Direct Enhanced Service (PCN DES)

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	x
Other	

The Scrutiny Committee is being asked to:

The Committee is asked to note the developments within Sheffield primary care.

Background Papers:

The link below looks at service specifications for the Network contract Direct Enhanced Service for PCNs covering the 5 new specifications.

<https://www.engage.england.nhs.uk/survey/primary-care-networks-service-specifications/>

Neighbourhood Transformation Specification

Category of Report: OPEN

Report of the Director of Nicki Doherty Director of Delivery, Care Outside of Hospital, Sheffield CCG

Neighbourhood and Primary Care Network Update

1. Introduction/Context

In 2016 Sheffield CCG introduced a Locally Commissioned Service (LCS) to encourage practices to engage in a Neighbourhood way of working. This LCS saw 16 Neighbourhoods begin to engage with this approach and build foundations to mature and to identify the extent of their ambition.

“Neighbourhood is Health, social care and all statutory and voluntary sector stakeholders working together to coordinate health and social care for people in their local area, and consider how to make the best and most effective use of local services. Each Neighbourhood has 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”

Sheffield Neighbourhood Definition

It was envisaged by Sheffield CCG that neighbourhoods would be a key vehicle for the delivery of health and social care services working within the Accountable Care Partnership.

Since then the NHS Long Term Plan (January 2019) has set out an ambition for a new service model fit for the 21st Century; a model that complements the Sheffield neighbourhood model and its ambition. The Long Term Plan sets out an ambition in relation to a multispecialty community provider approach, and describes a model of Primary Care Networks with community services working to the Primary Care Network footprints.

2. Current Position:

2.1 Primary Care Networks

In January 2019, NHS England published Investment and Evolution, a five-year framework for GP services. One of the most significant changes in the contract was the introduction of the network contract as a Directed Enhanced Service (DES).

*“PCNs are 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”
Sheffield Network Definition.*

The Network DES is designed to enable general practice to take a leading role in every Primary Care Network. The contract went live on the 1st July 2019. It is an extension of the core GP contract, which must be offered to all general practices and sees the Network being paid rather than individual practices.

The Network DES introduces:

- The role of a Clinical Director who can be a clinician from within the network practices. The role of the Clinical Directors is to develop relationships and work closely with peers and clinical leaders from across primary care, health and social care.
- Over the five year contract the networks are funded to develop their workforce with new roles, in year one networks receive funding for a social prescribers and a pharmacist, others roles from 2020 include a physiotherapist, paramedic and physician associate
 - Within Sheffield 14 out of 15 Networks have recruited their link worker through a local voluntary organisation some choosing their local People Keeping Well partners whilst others have chosen Door 43 to do focused work on teenage mental health. The network without a link worker is Universities who are currently liaising with the University as there are plans to create new posts for 'student wellbeing' so the network want to be sure the roles do not duplicate but that aims are aligned.
- Each network will receive recurrent funding of £1.50 per patient for network development and for £1.45 per patient for extended hours
- Networks will benefit from an 'Investment and Impact Fund' up to the value of £300m by 2024 however no further details have been released on this.
- Additional new services from 2020
- A key component of the network DES will be the development and implementation of seven national service specifications which have just been published in draft format, the seven service specifications will be for:

1. Structured medication reviews and optimisation;
 2. Enhanced health in care homes;
 3. Anticipatory care;
 4. Supporting early cancer diagnosis;
 5. Personalised care (as part of the NHS comprehensive model);
 6. CVD prevention and diagnosis; and
 7. Tackling neighbourhood inequalities
- From 2021 it is currently intended that Networks will also receive £6 per head for Improving Access, this is currently the money invested in to the hubs managed by Primary Care Sheffield

As Networks are at the early stages of development and capacity-building NHSE will phase-in service requirements in a way that is commensurate with the capacity available to PCNs through the contract and the support available through wider system.

Initially Networks will be required to deliver two of the five specifications (Structured Medication Reviews and Optimisation and Enhanced Health in Care Homes) in full from 2020/21, phasing in the requirements of the Anticipatory Care, Personalised Care and Early Cancer Diagnosis specifications over the period from 2020/21 to 2023/24.

Each network will be provided with a network dashboard. The outline service specifications illustrate the proposed metrics that will be reported via the new network dashboard. The dashboard will help PCNs to understand their position and support peer learning and quality improvement.

The introduction of the network DES gave Sheffield neighbourhoods the opportunity to explore their population and geography, and a number of practices chose to realign to different neighbourhoods. Sheffield now has 15 networks/neighbourhoods, each with an identified Clinical Director(s) and Managerial Lead.

An illustrative map of the Networks/Neighbourhoods is provided in Appendix 1

2.2 Neighbourhoods

The commitment to neighbourhood working saw a number of initiatives taking place across the city, the organisation of neighbourhood steering groups and joint learning events across providers have further developed integrated relationships and ways of working.

In 2018, NHS Sheffield Clinical Commissioning Group (SCCG) invested £718k to fund six neighbourhood transformation bids as part of plans to deliver city wide development to transform care across Sheffield.

The implementation of some of the small scale projects has taken much longer than initially anticipated. However, all of the six sites are now successfully mobilising their plans. Each neighbourhood is now providing monthly highlight reports and are presenting at the Neighbourhood Development Group to update and raise any risk or issues that need escalating.

There have been a number of issues in relation to the recruitment of staff and additional issues around the impact of VAT. The implementation of the Primary Care Network Direct Enhances Service (DES) has supported the neighbourhoods to overcome some of these issues by providing additional clarity. The challenges identified for this stage were considered in both the specification created for phase two and the support that was provided.

Phase one has seen various successes in the building of relationships across organisations, new service design and expansion of the primary care workforce

It was the expectation of the successful neighbourhoods that time would be allocated to producing evaluations of their projects. Phase 1 transformation projects have some allocated resource to funding for evaluation but it is the view of the Neighbourhood Development Group that they would benefit from support to initiate the work. Sheffield CCG have recently commissioned Co:Create to deliver a half day workshop to all project leads of both phase one and two to explore a suite of methods, tools and approaches to gathering data which each Neighbourhood team will be able to easily use to capture progress against shared outcomes

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. As a result bids were submitted with Age UK, Manor and Castle, Door 43, Stocksbridge Leisure Centre and Heeley Development Trust. A summary of the transformation projects for both phases can be seen in the matrix Appendix 2.

The ACP Neighbourhood Development Group shaped the service specification in August 2019 this was then sent to neighbourhoods inclusive of partner organisations. Submissions were received from 10 neighbourhoods. A panel of Accountable Care Partnership representatives then evaluated and scored each

submission against the scoring criteria. Of the ten submissions, seven neighbourhoods have been awarded a share of £600,000.

2.3 Relationships and Engagement

Underpinning the success of the neighbourhoods and their role in the Sheffield care system is strong leadership. As a city we have invested heavily in this through Liminal Leadership programmes for neighbourhoods, Practice Manager training, GP mentoring, nurse training and development, to mention a few. This continues to be a priority and we are working as ACP partners with the neighbourhoods to continue to identify and support development and training needs.

Previously neighbourhoods identified a number of services that would benefit from facilitated development in order to ensure positive progression to a fully integrated neighbourhood approach.

As a result several Neighbourhood Learning Network (NLN) events, jointly hosted by Primary Care Sheffield and Sheffield CCG, have been run. A number of services have been invited to the learning events, which have facilitated open discussions about individual Neighbourhood issues and desired improvements. In addition the NLN and The People Keeping Well Learning Event have been hosted jointly; there are plans to do this in 2020 around areas such as the contracting of the different sectors.

Most neighbourhoods are now supported by the integrated community care team, the PKW leads, CSW's and in some areas social care and IAPT.

Within the South East of the city the CCG are supporting Sheffield City Council with the implementation of the HUB providing the "Team around a Person" approach to care.

2.4 Integrated Care System Support

Recognising the importance of successful PCNs as the cornerstone of health systems, the ICS will be supporting their development by investing c.£7m across SY & B between 2018/19 – 2019/20. This is to support and enable primary care transformation and to deliver an organisational development programme for networks and their Clinical Directors.

As part of the network development the Integrated Care System has issued a matrix to monitor network maturity; each network self-assessed themselves from foundation to level 3 in the following areas.

- Leadership, planning and partnerships
- Use of data and population health management
- Integrating care

- Managing resources
- Working with people and communities

These were submitted to the ICS and summarised to identify key themes and opportunities to offer support and development at various levels of scale including ICS/System, CCG/Federation, PCN/Practice, bespoke individual or professional group.

Following on from this, each network identified key areas that they would be focusing on to develop the maturity of their network. Details of this can be seen in the matrix (appendix 2). Each network was allocated development monies to support them in meeting their identified development needs.

The role of the network Clinical Directors is new and comes with multiple challenges and opportunities to address real change. Sheffield Clinical Directors have begun meeting regularly, have secured leadership training through Robert Varnam PhD MSc MRCP is the Head of General Practice Development at NHS England and coming together to develop the Sheffield network vision and development plan.

As part of the Clinical Director development with the support of PCS and the CCG a “Big Tent” will be held in March. The aim of the event is to invite partner organisations to present an overview of their service with opportunities for integration and to develop quality patient care.

3 What does this mean for the people of Sheffield?

The Network DES aims to reduce inequalities and strengthen partnership working at a Neighbourhood level by delivering integrated models of care. In particular the five network specifications are centred on the most vulnerable groups, with a clear overlap, in particular care home patients, frail and elderly and people with multiple Long Term Conditions.

It is important to recognise the significant opportunity of the system working collaboratively to support networks with the implementation of these specifications; a good example of this will be the realignment of community services to the network foot print and wider MDT working in practices.

Whilst the network DES is evolutionary and aims to alleviate the workforce pressures on general practice it is a complex change which needs support from the system. This includes considering how to build on the established collaboration for the implementation of the service specifications whilst ensuring the appropriate management is available to ensure existing pressures are not exacerbated.

Consideration needs to be given to:

- Sheffield CCG are currently in discussions with STH as to how community services can further integrate with Networks to meet the expectations set out on the Long Term Plan and with regards to the implementation of the specifications during 2020/21
- The role of the CCG in the co-ordination and support for delivery of the specifications
- CCGs should work with PCNs, community service providers and LMCs to support transition of existing service to meet the new requirements.
- Following the election, the CCG are keen to explore how councillors can engage with and support the Network/Neighbourhoods way of working.
- Due to the requirements of the Network DES each network will begin to form Network Patient Participation Groups to be engage with the local population.

4. Recommendation

- 4.1 The Committee is asked to note the update provided and are asked to consider the following;
1. Consider and review the information in this update and provide views and comments
 2. Consider how can we collectively engage with Sheffield citizens regarding Neighbourhoods to ensure consistency of messages
 3. What will the impact of mature PCNs be on the rest of the system?