

Meeting in Common of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' Primary Care Commissioning Committees – Held in Public

Tuesday 3rd July 2018, 10.00pm – 11.45am

The Conference Suite, The Bridge Centre, Birches Head Road, Birches Head, ST2 8DD

Agenda

| Agenda No | Item description | Enc./ Table / Pres. | Decision / To Note / Discussion / Information | Item Presenter |
|-----------|---|----------------------|---|----------------------------|
| 1 | Welcome and Apologies for Absence: North Staffordshire CCG: Stoke-on-Trent CCG: | | | |
| 2 | Declarations of Interest North Staffordshire CCG & Stoke-on-Trent CCG : <i>If any member of the Committee or invited attendee has any pecuniary interest, in any contract, proposed contract or other matter under consideration at this meeting he/she shall disclose the fact to the Chairman and shall not take part in the consideration or discussion of the matter or vote on any question with respect to it unless agreed by the Chairman and members of the committee</i> | Verbal | To Note | MWO 10.00am (5 mins) |
| 3 | Confirmation of Quoracy (following consideration of interests declared pertaining to the agenda) North Staffordshire CCG Stoke-on-Trent CCG | | | |
| 4 | Minutes from: Public Meeting In Common Of The North Staffordshire and Stoke-On-Trent Clinical Commissioning Groups' Primary Care Commissioning Committee Tuesday 5 th June 2018 Action List and Matters Arising | Enc. 4.1 Enc. 4.2 | To Note / Decision | |
| 5 | Governance | | | 10.05am |
| 5.1 | Primary Care Risk Register To follow | Enc. 5.1 | Assurance | AP (10 mins) |
| 6 | Finance, Performance and Planning | | | 10.15am |
| 6.1 | Finance Update - Primary Care Delegated Budgets | Enc. 6.1 | To Note | AM (10 mins) |
| 6.2 | Primary care commissioning strategy plan | Enc. 6.2 | Information | LM (15 mins) |
| 6.3 | Discretionary spending plan | Enc. 6.3 | Approval | LM (15 mins) |
| 7 | GP Forward View | | | 10.55am |

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|-------------------------------------|--|------------------------------|---|-----------------|--------------|
| 7.1 | Social Prescribing Implementation Plan | Enc. 7.1 | Assurance | LM (10 mins) | |
| 7.2 | BMJ GP Recruitment Marketing Campaign – Update | Enc. 7.2 | Information | NA (10 mins) | |
| 7.3 | GP Forward View Highlight Report | Enc. 7.3 | To Note | LM (10 mins) | |
| 8 | Standing Items | | | 11.25am | |
| 8.1 | NHS England Update | Verbal | Information | TC (10 mins) | |
| 9 | Any Other Business | | | 11.35am | |
| | <ul style="list-style-type: none"> ❖ Questions from the Public ❖ Any other key issues ❖ Committee Effectiveness | Verbal Verbal Enc. 8.1 | Information | MW0 | |
| DATE/TIME OF NEXT MEETING: | | | | | |
| Date | | Time | Venue | | Chair |
| Tuesday 7 th August 2018 | | 10.00am | The Conference Suite, The Bridge Centre, Birches Head Road, Birches Head, ST2 8DD | | PD |

Public Meeting of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' Primary Care Commissioning Committees held in Common
Tuesday 5th June 2018, 10.00am – 11.30am
The Morston Room, Floor 3, One Smithfield, Hanley, Stoke-on-Trent, ST1 4FA
Unconfirmed Minutes

| Members: | | | Quoracy | 10/04/2018 | 01/05/2018 | 03/07/2018 | 04/09/2018 | 02/10/2018 | 06/11/2018 | 04/12/2018 |
|---|------|---|---------|------------|------------|------------|------------|------------|------------|------------|
| Present: | | | | | | | | | | |
| North Staffordshire CCG Voting Members: | | | | | | | | | | |
| Peter Dartford | PD | Lay Member – Patient and Public Involvement <i>(meeting chair)</i> | | ✓ | ✓ | ✓ | | | | |
| Mike Edgley | ME | Lay Member | | ✓ | ✓ | ✓ | | | | |
| Neil McFadden | NMcF | Lay Member – Governance | | ✓ | ✓ | x | | | | |
| Stoke-on-Trent CCG Voting Members: | | | | | | | | | | |
| Tim Bevington | TB | Lay Member (Acting Chair) | | ✓ | ✓ | ✓ | | | | |
| John Howard | JH | Lay Member – Governance | | ✓ | ✓ | x | | | | |
| Margy Woodhead | MWo | Lay Member – Patient and Public Involvement | | ✓ | x | x | | | | |
| North Staffordshire and Stoke-on-Trent CCGs' Voting Members: | | | | | | | | | | |
| Lorraine Cook | LC | Head of Quality | | x | ✓ | ✓ | | | | |
| Alistair Mulvey | AM | Chief Finance Officer | | ✓ | ✓ | ✓ | | | | |
| Marcus Warnes | MWa | Accountable Officer | | ✓ | ✓ | ✓ | | | | |
| In attendance: | | | | | | | | | | |
| North Staffordshire and Stoke-on-Trent CCGs: | | | | | | | | | | |
| Dr Waheed Abbasi | WA | Clinical Director – Mental Health and Specialist Groups | | x | x | ✓ | | | | |
| Nicola Austerberry | NA | Primary Care Lead | | ✓ | x | ✓ | | | | |
| Jessica Chaplin | JC | Executive Assistant (<i>Minutes</i>) | | ✓ | ✓ | ✓ | | | | |
| Dr Lorna Clarson | LCI | Clinical Director – Patient and Public Involvement | | ✓ | ✓ | x | | | | |
| Anna Collins | AC | Head of Communications and Engagement | | ✓ | x | x | | | | |
| Dr Steve Fawcett | SF | Medical Director | | ✓ | x | ✓ | | | | |
| Dr John Gilby | JG | Clinical Director – Primary Care | | ✓ | ✓ | ✓ | | | | |
| Dr Latif Hussain | LH | Non-Executive GP Board Member | | ✓ | x | ✓ | | | | |
| Sarah Jeffery | SJ | Head of Primary Care Development commenced in post June 18 | | - | - | ✓ | | | | |
| Mel Mahon | MM | Head of Primary Care Commissioning Commenced in post June 18 | | - | - | ✓ | | | | |
| Vicky Oxford | VO | Senior Commissioning Manager | | ✓ | ✓ | ✓ | | | | |
| Alex Palethorpe | AP | Associate Director – Corporate Services | | ✓ | ✓ | ✓ | | | | |
| Staffordshire Single Leadership Team: | | | | | | | | | | |
| Lynn Millar | LM | Director of Primary Care Voting | | ✓ | ✓ | ✓ | | | | |
| Mark Seaton | MS | Managing Director Voting | | x | ✓ | ✓ | | | | |
| Sally Young | SY | Director of Corporate Governance, Communications and Engagement | | ✓ | x | x | | | | |
| NHS England | | | | | | | | | | |
| Rebecca Woods | RW | Head of Primary Care | | ✓ | x | x | | | | |
| Wendy Henson | WH | Primary Care Lead | | ✓ | ✓ | x | | | | |
| Terry Chikurhune | TC | Primary Care Lead | | ✓ | ✓ | ✓ | | | | |
| Public/Observers | | | | | | | | | | |
| Simmy Aktar | SA | Healthwatch Stoke-on-Trent | | x | ✓ | x | | | | |
| Jackie Owen | JO | Healthwatch Staffordshire | | ✓ | ✓ | x | | | | |
| Dr Paul Scott | PS | North Staffordshire LMC Chair | | x | ✓ | ✓ | | | | |
| Dr Harald Van-Der | HVL | North Staffordshire LMC Secretary | | ✓ | x | ✓ | | | | |

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| Linden | | | | | | | | | |
| 0 members of public/press in attendance | | | | | | | | | |
| 2018/JUN /062 | 1. Welcome and Apologies for absence | | | | | | | | Action |
| | <p>PD welcomed members to the public meeting of the North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees held in Common.</p> <p>Apologies were duly received and noted as above.</p> | | | | | | | | |
| 2018/JUN /063 | 2. Members' Declarations of Interest | | | | | | | | |
| | No further declarations of interests made extraordinary to items declared on the CCGs' Declaration of Interest Register. | | | | | | | | |
| 2018/JUN /064 | 3. Confirmation of Quoracy | | | | | | | | |
| | The meeting was not confirmed as quorate for Stoke-on-Trent CCG and was confirmed as quorate for Stoke-on-Trent CCG. It was noted that any decisions made during the meeting would require virtual ratification outside of the meeting for Stoke-on-Trent CCG. | | | | | | | | |
| 2018/JUN /065 | 4. Minutes, Action Sheet and Matters Arising | | | | | | | | |
| | <p><u>Minutes from the meeting held on Tuesday 1st May 2018</u> The minutes from the meeting held on Tuesday 1st May were duly received and approved as a true and accurate account of discussions held.</p> <p><u>Actions from the meeting held on Tuesday 1st May 2018</u> All items marked as complete or on the agenda for consideration.</p> <p><u>Matters Arising</u> No items raised.</p> | | | | | | | | |
| 2018/JUN /066 | 5. Terms of Reference | | | | | | | | |
| | <p>LM presented the meeting with the refreshed Terms of Reference for the meeting in common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees. The terms of reference had been amended following on from the Management of Change for a Single Leadership Team across Staffordshire. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to note that a full review of meeting terms of reference will take place by September 2018 and were asked to approve the proposed changes to the membership, which if approved, was to be enacted immediately. Key details presented as follows:</p> <p>The meeting were advised that the role of Chief Operating Officer had been removed following on from the decision to have a single leadership team across Staffordshire. In addition, the roles of Director of Commissioning and Operations and Director of Strategy, Planning and Performance were proposed to be removed. Furthermore, the roles of Director of Primary Care and Managing Director – North Division were proposed to be added to the terms of reference as voting members and the Head of Governance or deputy was proposed to be replaced with the Director of Corporate Services, Governance and Communication or deputy.</p> <p>PD queried if it was proposed as part of the Single Leadership if the three Primary Care Commissioning Committees across Staffordshire were looking to meet in common as one committee. LM responded that each of the three individual committees would continue to meet separately, although each of the Committees Terms of Reference would allow for the Committees to meet in common if required.</p> <p>HVL commented in relation to members representing both CCGs, in particular clinical members of the meeting and highlighted the need to make clear in the Terms of Reference where roles were North Staffordshire CCG or Stoke-on-Trent CCG specific. AP responded that in line with NHS England guidance, the Primary Care Commissioning Committee did not have clinical members as voting members, but views and points could be articulated to the meeting on behalf of the members' CCGs for members working across both CCGs including Medical Director and Clinical Directors.</p> | | | | | | | | |

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| | <p>MS queried the role of Secondary Consultants on the Committees and what role they held on the Committee. LM responded that there was a need to review the meeting membership in full as part of the wider Terms of Reference refresh and this would take place and be presented back to the meeting in September 2018.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and approved the revised Terms of Reference for the meeting in Common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and approved the revised Terms of Reference for the meeting in Common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees.</p> | |
| <p>2018/JUN /067</p> | <p>6.1 Primary Care Planning</p> | |
| | <p>LM presented the meeting with a verbal update in relation to Primary Care Planning 2018/19. The North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the update. Details presented to the meeting as follows:</p> <p>The meeting were advised that Primary Care planning was a growing piece of work taking place for 2018/19 with two pieces of work taking place- reviewing in year commitments such as Extended Access and Estates and the second piece of work looking at current opportunities including Protected Learning and leadership. Both pieces of work would be pulled together in a five year investment plan, aligned with the priorities of the GP Forward View – which would be presented at the July Committee for consideration.</p> <p>ACTION: LM/MM to present the July meeting with the Primary Care five year plan, including details of investment for 2018/19 and longer term investment plans.</p> <p>HVL queried what involvement there would be from the LMC to provide input and guidance for the planning. LM responded that there would be a Task and Finish Group for the five year investment plan and LMC representation would be included in the membership to ensure robust engagement throughout the planning process. HVL further queried if the plan would be developed on a pan-Staffordshire Basis, LM advised the meeting that the plan would be developed for Pan-Staffordshire, but would have areas of local variation for areas such as Enhanced Services and decisions would remain with each separate CCG.</p> <p>AM expressed concerns in relation to the timescales for the plan and that a plan would not be approved until the July meeting and referred to the underspend in 2017/18 of which credible plans were not presented to the committees until quarter four and highlighted the need to ensure robust planning took place at all points throughout the year. LM acknowledged the importance of a credible plan to be signed off by the committees and further highlighted that the available delegated budget for 2018/19 was greater than 2017/18.</p> <p>MWa updated the meeting in relation to a meeting that took place with the STP Leadership Team on Monday 4th June, where there was a level of challenge in relation to delegated commissioning and the lack of a visible plan. The STP was looking to the CCGs to provide leadership in terms of the left shift in to Primary Care and had requested clarity on the level of investment to support the shift and plans associated with investment, with a level of inequity across Staffordshire. In order to provide visibility it was requested that the plan included detail of how investment would be made in to Primary Care, including the level of investment, resources and return. It was anticipated that a robust and credible long-term plan would provide visibility and assurance to the STP.</p> <p>Members engaged in a comprehensive discussion and recognised the need for a plan to be developed with the following elements included; (1) A clear investment plan to be developed, including a baseline to measure and demonstrate investment in to Primary Care; (2) Strategic Commissioning Plan to include all areas i.e. working at scale, estates and workforce and other key transformational areas; (3) The need for accountability against plans and clear timelines to be agreed for all elements of the plan to ensure deliverability; (4) The need for the plan to include local variation where appropriate for areas such as PMS Reviews and Enhanced Services and (5) The importance of the plan being presented in July due to the timeliness of need for clear transformation.</p> | <p>LM/ MM</p> |

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| | <p>AM highlighted concerns in relation to the marketing proposal approved to take place in collaboration with the BMJ, as no further update had been provided to the Committees following on from the approval in March. LM responded that work was being finalised with the BMJ in relation to the wider marketing campaign and it was anticipated that this would be published in June. The Committees requested that an update on the BMJ marketing campaign was provided to the meeting at the July meeting to provide assurance that the work was progressing.</p> <p>ACTION: NA to provide the July meeting with an update on the BMJ Marketing Campaign.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the Primary Care Planning Verbal update; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the Primary Care Planning Verbal Update.</p> | NA |
| <p>2018/JUN /068</p> | <p>6.2 360 Ipsos MORI Stakeholder Survey 2018</p> | |
| | <p>LCI presented the meeting with the feedback from the Ipsos MORI 360 Stakeholder Survey for 2018. The Stakeholder Survey provided the opportunity for stakeholders to provide feedback about their CCGs and enabled the CCGs to obtain intelligence on how to improve stakeholder engagement. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the findings of the survey. The report was taken as read by the committees and key details presented as follows:</p> <p>The meeting considered the results from General Practice, with a response rate of 49% for North Staffordshire CCG and 59% response rate for Stoke-on-Trent CCG. Key trends and findings were highlighted as follows: (1) GPs expressed they felt unable to influence decisions within the CCG; (2) Lack of understanding of CCGs' plans and delivery and (3) Cannot influence strategy in General Practice. It was noted that work would take place to address the feedback from the survey and key actions to drive improvements would include a refresh of the GP Membership Newsletter to ensure it is an appropriate and useful resource and a vehicle for communication for the CCGs in to General Practice. Furthermore, work would take place to look at feedback from the 2017 survey, including a 'You Said, We Did' to demonstrate the steps taken to address the previous concerns raised.</p> <p>TB queried the methodology for the survey and if all practices were invited to take part. LCI responded that all practices were invited to take part and highlighted that it was an opportunity missed for the practices who had not undertaken the survey, although it was noted that due to pressures and capacity in General Practice it was understandable why there was not a full response rate for each CCG.</p> <p>TB referred to the action plan for 2017 and requested an update on the actions that had been implemented following on from the findings. LCI responded that a 'You Said, We Did' would be produced and shared with General Practice. In addition, for 2018 findings the 2017 action plan would be reviewed to see where actions had not been fully implemented and where areas could be built upon with a new plan to bring about transformational change.</p> <p>The Committees recognised that there was a disconnect with engagement with membership practices and there needed to be a timely plan developed and requested that an update was provided to the July Committee on the progress made on the plan, including a revisit on 2017 actions.</p> <p>ACTION: LCI to present the July Primary Care Commissioning Committees with an Engagement Plan following on from the 360 Ipsos Mori Stakeholder Survey, including a revisit of the actions identified in 2017.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the findings of the 360 Ipsos MORI Stakeholder Survey; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the findings of the 360 Ipsos MORI Stakeholder Survey.</p> | LC |
| <p>2018/JUN /069</p> | <p>7.1 GP Forward View Highlight Report</p> | |

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| | <p>LM presented the meeting with the GP Forward View Highlight Report. The paper presented to the Committees provided an update on the overall position of each of the GP Forward View work streams and progress against each area. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the update paper. The paper was taken as read by the meeting and key details were presented as follows:</p> <ul style="list-style-type: none"> ❖ GP Extended Access – The meeting were advised that the go-live date for the implementation of GP Extended Access had been pushed forward to 1st September 2018 instead of 1st October 2018. . Work was taking place with practices, with expressions of interest to provide the service due to the CCGs on 1st June and worked up delivery plans to be submitted by 22nd June 2018. Work was taking place to develop a clear delivery plan and supporting communications strategy, although it was noted that there was a level of difficulty due to lack of clarity from NHS England National Centre. There had been a level of interest nationally in the Direct Award Procurement route that was to take place across Staffordshire and the CCGs in collaboration with Mills and Reeve Legal Team were confident in the strong legal case and rationale for Direct Award, with an assurance framework developed . ❖ 10 Point Nursing Programme – It was explained to the meeting that there was a new element included in the highlight report for the Nursing Framework, including recruitment and retention. Following on from the submission of the draft Staffordshire-wide implementation and delivery plan in response to the GPN 10 point plan and feedback was awaited on the plan. ❖ Workload and Workforce including Resilience Funding – The meeting were advised that there had been a new wave of resilience funding for 2018/19 and practices had been invited to submit applications to the CCGs. <p>HVL referred to the Brighton and Hove releasing capacity work and queried when the online training would be available; and when the evaluation would be available. LM responded that the implementation of the model continued to be monitored and fed back to NHS England. It was noted that there was a contractual agreement that monies would be returned to the CCG, if all practices across Stoke-on-Trent and North Staffordshire did not sign up to the work, although it was hoped that all practices would take up the training. Once online training was available, it was hoped that this would increase the uptake.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the GP Forward View Highlight Report; and the Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the GP Forward View highlight report.</p> | |
| <p>2018/JUN /070</p> | <p>7.2 10 High Impact Actions – Rolling Programme of Updates</p> | |
| | <p>NA presented the meeting with a paper detailing an update on Social Prescribing, providing a position statement on the work undertaken to date. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the update paper. The paper was taken as read by the Committees and key details presented as follows:</p> <p>The meeting were advised that the social prescribing task and finish group had met a number of times since the proposal was approved by the committees. Work was taking place to agree the details of the model to be used across North Staffordshire and Stoke-on-Trent and the draft model had been shared with the National Network. The task and finish group had agreed areas for development, key areas identified as the VCS Hub and the use of Link Workers. In addition, discussions were taking place around the grouping of practices and it was agreed that there would be four areas - Stoke-on-Trent North, Stoke-on-Trent South, Newcastle and Leek and Moorlands. It was noted that the Leek and Moorlands area was slightly different as work was taking place with the Fire and Rescue Service.</p> <p>NA informed the meeting that an implementation plan was being developed for social prescribing, with anticipated roll out for all practices across North Staffordshire and Stoke-on-Trent CCGs. Furthermore, work was taking place to identify a provider to complete the evaluation of social prescribing and the task and Ffnish group were considering the options provided. It was requested that the implementation plan included key details including costings, timescales and key area leads.</p> | |

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| | <p>ACTION: NA to present to the July Committee meeting with the Social Prescribing Implementation Plan – including costing, timescales and key area leads.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the Social Prescribing Update; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the Social Prescribing Update.</p> | | | NA |
| 2018/JUN /071 | <p>8.1 Primary Care Horizon Scanning – including NHS England National Heads of Primary Care Update</p> | | | |
| | <p>The meeting were presented with the Heads of Primary Care National Update, the report was taken as read by the Committees and provided an update on the following key areas: Sensitive patient registrations, general practice resilience programme, accessible information standard and assurance of delegated CCGs – Internal Audit Framework.</p> | | | |
| 2018/JUN /071 | <p>9. Any other Business</p> | | | |
| | <p><u>Questions from the Public</u> No members of public in attendance.</p> <p><u>Any other Key Issues</u> No items raised.</p> <p><u>Committee Effectiveness</u></p> <ol style="list-style-type: none"> 1. <i>Did we achieve what we set out to do linking back to the Agenda?</i> Yes 2. <i>Was the information presented appropriate/easy to understand?</i> Yes 3. <i>Was the information received in a timely manner prior to the meeting?</i> Not all reports received 4. <i>Do we need to inform our decision?</i> No 5. <i>Do we need any more information / require a further progress report at a later date?</i> Yes, further items requested in actions captured in the minutes. 6. <i>Agreed actions captured in the minutes?</i> Yes 7. <i>Were there any risks raised in the meeting that should be captured in the risk register?</i> Risk in relation to lack of an integrated plan for Primary Care. | | | |
| Date and Time of next meeting | | | | |
| | Date | Time | Location | Chair |
| | Tuesday 3rd July 2018 | 10.00am | Bridge Centre, Birches Head Road, Birches Head, Stoke-on-Trent, ST2 8DD | AB |

All parties should note that the minutes of the meeting are for record purposes only. Any action required should be noted by the parties concerned during the course of the meeting and actions carried out promptly without waiting for the issue of the minutes.

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, be recorded in the following meeting's minutes.

Signed: Position: Date:.....

**Action Tracker from June meeting of North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees'
Public Session**

| MEETING DATE | REFERENCE | AGENDA ITEM | Action | Responsible Officer | Outcome / update |
|--------------|---------------|---|---|---------------------------|--|
| 01/05/18 | 2018/MAY /058 | Primary Care 2018/19 Planning | LM to present the June Primary Care Commissioning Committees with a paper detailing Primary Care Planning for 2018/19. | Lynn Millar | <i>Item on the agenda.</i> |
| 05/06/18 | 2018/JUN /067 | Primary Care 2018/19 Planning | LM/MM to present the July meeting with the Primary Care five year plan, including details of investment for 2018/19 and longer term investment plans. | Lynn Millar/ Mel Mahon | <i>Item on the agenda</i> |
| | | | NA to provide the July meeting with an update on the BMJ Marketing Campaign. | Nicola Austerberry | <i>Item on the agenda</i> |
| 05/06/18 | 2018/JUN /068 | 360 Ipsos MORI Stakeholder Survey 2018 | LCI to present the July Primary Care Commissioning Committees with an Engagement Plan following on from the 360 Ipsos Mori Stakeholder Survey, including a revisit of the actions identified in 2017. | Lorna Clarson | <i>Item to be presented to the August Committees</i> |
| 05/06/18 | 2018/JUN /070 | 10 High Impact Actions – Rolling Programme of Updates | NA to present to the July Committee meeting with the Social Prescribing Implementation Plan – including costing, timescales and key area leads. | Nicola Austerberry | <i>Item on the agenda</i> |

Public Paper

Enclosure: 6.1

Report to Primary Care Commissioning Committee

Title Finance Update – Delegated Budgets – 2018/19 Month 2

Meeting Date 3rd July 2018

Sponsor Director Alistair Mulvey

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|------------------------|-----------------|--|-------------------|--|--------------------------------------|---|
| Action required | Decision | | Discussion | | For assurance/For Information | X |
|------------------------|-----------------|--|-------------------|--|--------------------------------------|---|

Purpose of the paper, key issues, points and recommendations

This paper provides the month 2 financial position and forecast outturn for the Primary Care delegated commissioning budgets.

North Staffordshire CCG is reporting an underspend of £139k and Stoke is reporting an underspend of £47k. Both CCGs are currently forecasting a break even position against the delegated budgets, however there are a number of reserves available to manage in-year service delivery pressures and opportunities for investment, and this will be discussed in a following paper for this meeting.

The Committee is asked to note the financial position at month 2.

Which other CCG committee and/or Group has considered this report

| | |
|------------------------|-------------------------|
| <u>Committee/Group</u> | <u>Other agreements</u> |
| | |

Summary of risks relating to the proposal

Financial risk should expenditure exceed approved budgets

Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

Financial balance is a statutory duty for the CCG

Strategic objectives supported by this paper

| Our shared Goals: | | Yes | No |
|-------------------|-------------------------------|-----|----|
| 1. | Empowered Staff | | X |
| 2. | Commissioning Health Outcomes | | X |

| | | | |
|-----------|------------------------------|----------|----------|
| 3. | Seamless Partnerships | | X |
| 4. | Responsible Use of Resources | X | |

| Key Requirements: | | Yes | No |
|--------------------------|--|------------|-----------|
| 1. | Has a Quality Impact Assessment been completed? | | X |
| 2. | Has an Equality Impact Assessment been completed? | | X |
| 3. | Has Engagement activity taken place with Stakeholders/Practice/Public and Patients | | X |

| Acronyms |
|---|
| GMS – General Medical Services PMS – Personal Medical Services AMPS – Alternative Provider Medical Services QOF – Quality and Outcomes Framework |

1. Introduction

The Primary Care Commissioning Committee has responsibility for monitoring the primary care delegated budgets, and this report presents the month 2 reported position of the delegated budgets for 2018/19. Although the Committee does not have responsibility for the other CCG primary care commissioning budgets, an update is also included within this report for information.

In summary, the position for the two CCGs on delegated primary care budgets is as follows:

| | <u>£'000s</u> |
|-----------------------------------|---------------|
| North Staffordshire CCG | -139 |
| Stoke-on-Trent CCG | -47 |
| Combined Surplus / Deficit | <u>-186</u> |

Both CCGs are currently forecasting a year-end break even against the delegated budgets, but within the budgets there are a number of reserves available for in-year investment or to cover service pressures and these reserves are discussed within a separate paper at the meeting today.

2. Primary Care Delegated Budgets – NHS Stoke-on-Trent CCG

Appendix 1 provides the financial detail for Stoke-on-Trent CCG.

The CCG is showing an underspend of £47k, with uncommitted reserves being the main reason for the underspend. This underspend is offset by a pressure relating to an APMS contract for which there is currently no budget cover, and the CCG is working with colleagues from NHS England to conclude this issue. LD health checks is also showing an underspend – this relates to final payments for 2017/18 being much lower than estimated within the final 17/18 position.

At this early stage of the financial year the budgets are reporting a forecast break even position, and naturally this will be reassessed as we progress through the year. Within the overall budget there are reserves of £1,427k to cover in-year service pressures or investment opportunities, and these reserves will be discussed in more detail within the Primary Care Discretionary Spend Plan paper which will be presented as part of the PCCC agenda today.

3. Primary Care Delegated Budgets – NHS North Staffordshire CCG

Appendix 2 provides the financial detail for North Staffordshire CCG.

The CCG is showing an underspend of £139k. Similar to Stoke this underspend relates to uncommitted reserves and LD health checks.

North Staffs CCG is also forecasting a break even position, and within the budget there are reserves totalling £401k.

4. Other Primary Care Commissioning Budgets

Appendix 3 presents the other CCG primary care commissioning budgets for information.

Both CCGs are showing underspends as at month 2, however there are a number of payments that are expected to be made that are not yet included in the position but will be picked up within the month 3 report.

5. Summary of wider CCG Financial Position

The reported position at month 2 is a £2.04m in-year surplus (North Staffs £0.49m surplus, Stoke on Trent £1.56m surplus). This compares to the planned position at Month 2 of a £1.42m surplus (North Staffs £0.20m Deficit, Stoke on Trent £1.22m Surplus). This is a favourable variance of £0.62m.

The CCGs are forecasting a £6.60m in-year surplus which is in line with the control totals.

| | <u>Year to date Month 2</u> | | | <u>Forecast Outturn</u> | | |
|-----------------------------------|-----------------------------|-------------------------|---------------------------|-------------------------|-------------------------|---------------------------|
| | Plan <u>£'000s</u> | Actual <u>£'000s</u> | Variance <u>£'000s</u> | Plan <u>£'000s</u> | Actual <u>£'000s</u> | Variance <u>£'000s</u> |
| North Staffordshire CCG | -200 | -485 | -285 | -803 | -803 | 0 |
| Stoke-on-Trent CCG | -1,219 | -1,556 | -337 | -5,800 | -5,800 | 0 |
| Combined Surplus / Deficit | -1,419 | -2,041 | -622 | -6,603 | -6,603 | 0 |

6. Conclusion

The Committee are requested to note the month 2 financial position of the Primary Care budgets for 2018/19.

Stoke-on-Trent CCG
Primary Medical Services - Delegated Budgets 2018/19
Month 2

| | Year To Date | | | Forecast | | |
|---------------------------------|------------------|------------------|--------------------|------------------|------------------|--------------------|
| | Budget £'000s | Actual £'000s | Variance £'000s | Budget £'000s | Actual £'000s | Variance £'000s |
| Core contracts | | | | | | |
| GMS | 3,653 | 3,654 | 1 | 21,759 | 21,759 | 0 |
| PMS | 275 | 275 | 0 | 1,721 | 1,721 | 0 |
| APMS | 683 | 881 | 198 | 4,098 | 4,481 | 383 |
| | 4,611 | 4,810 | 199 | 27,578 | 27,961 | 383 |
| Enhanced Services | | | | | | |
| Extended Hours | 31 | 18 | -12 | 184 | 184 | 0 |
| LD Health Checks | 0 | -69 | -69 | 252 | 252 | 0 |
| Minor Surgery | 45 | 33 | -12 | 270 | 270 | 0 |
| Violent Patients | 3 | 11 | 9 | 16 | 16 | 0 |
| Other Enhanced Service Payments | 5 | 5 | 0 | 29 | 29 | 0 |
| | 83 | -2 | -85 | 750 | 750 | 0 |
| Other Services | | | | | | |
| Dispensing & Prescribing | 38 | 38 | 0 | 231 | 231 | 0 |
| CQC Fees | 187 | 186 | -0 | 187 | 187 | 0 |
| Locums | 35 | 34 | -1 | 209 | 209 | 0 |
| Seniority | 0 | -4 | -4 | 259 | 259 | 0 |
| Indemnity | 0 | 0 | 0 | 14 | 14 | 0 |
| Named GP for Safeguarding | 4 | 4 | 0 | 25 | 25 | 0 |
| PMS Reinvestment | 67 | 67 | 0 | 338 | 338 | 0 |
| All Other | 0 | 0 | 0 | 0 | 0 | 0 |
| | 331 | 325 | -6 | 1,262 | 1,262 | 0 |
| Premises | | | | | | |
| Rents | 591 | 614 | 23 | 3,585 | 3,630 | 45 |
| Rates | 246 | 242 | -4 | 416 | 416 | 0 |
| Water Rates | 8 | 8 | 0 | 49 | 49 | 0 |
| Clinical Waste | 16 | 16 | 0 | 99 | 99 | 0 |
| | 862 | 881 | 19 | 4,149 | 4,194 | 45 |
| QOF | 457 | 466 | 10 | 3,915 | 3,915 | 0 |
| Reserves | | | | | | |
| 0.5% Discretionary Reserve | 0 | 0 | 0 | 197 | 197 | 0 |
| Other Uncommitted Reserves | 183 | 0 | -183 | 821 | 438 | -383 |
| Premises Reserve | 22 | 22 | 0 | 130 | 85 | -45 |
| Demographic Changes & inflation | 4 | 4 | 0 | 83 | 83 | 0 |
| 0.5% Contingency | 0 | 0 | 0 | 197 | 197 | 0 |
| | 208 | 26 | -183 | 1,427 | 999 | -428 |
| | 6,552 | 6,505 | -47 | 39,081 | 39,081 | 0 |

North Staffordshire CCG
Primary Medical Services - Delegated Budgets 2018/19
Month 2

| | Year To Date | | | Forecast | | |
|---------------------------------|------------------|------------------|--------------------|------------------|------------------|--------------------|
| | Budget £'000s | Actual £'000s | Variance £'000s | Budget £'000s | Actual £'000s | Variance £'000s |
| Core contracts | | | | | | |
| GMS | 3,126 | 3,126 | 0 | 18,733 | 18,733 | 0 |
| PMS | 97 | 97 | 0 | 639 | 639 | 0 |
| APMS | 128 | 128 | 0 | 777 | 777 | 0 |
| | 3,351 | 3,351 | 0 | 20,149 | 20,149 | 0 |
| Enhanced Services | | | | | | |
| Extended Hours | 26 | 25 | -1 | 159 | 159 | 0 |
| LD Health Checks | 0 | -25 | -25 | 131 | 131 | 0 |
| Minor Surgery | 33 | 11 | -22 | 195 | 195 | 0 |
| Violent Patients | 11 | -1 | -11 | 64 | 64 | 0 |
| Other Enhanced Service Payments | 2 | 1 | -1 | 11 | 11 | 0 |
| | 71 | 12 | -60 | 559 | 559 | 0 |
| Other Services | | | | | | |
| Dispensing & Prescribing | 143 | 143 | 0 | 901 | 901 | 0 |
| CQC Fees | 140 | 141 | 1 | 140 | 140 | 0 |
| Locums | 31 | 31 | 0 | 183 | 183 | 0 |
| Seniority | 0 | -3 | -3 | 244 | 244 | 0 |
| Indemnity | 0 | 0 | 0 | 12 | 12 | 0 |
| Named GP for Safeguarding | 4 | 4 | 0 | 25 | 25 | 0 |
| PMS Reinvestment | 55 | 55 | 0 | 246 | 246 | 0 |
| All Other | 0 | 0 | 0 | 0 | 0 | 0 |
| | 372 | 370 | -2 | 1,751 | 1,751 | 0 |
| Premises | | | | | | |
| Rents | 381 | 384 | 3 | 2,320 | 2,320 | 0 |
| Rates | 222 | 218 | -5 | 319 | 319 | 0 |
| Water Rates | 7 | 7 | 1 | 39 | 39 | 0 |
| Clinical Waste | 12 | 12 | 0 | 72 | 72 | 0 |
| | 622 | 621 | -1 | 2,751 | 2,751 | 0 |
| QOF | 358 | 316 | -43 | 3,072 | 3,072 | 0 |
| Reserves | | | | | | |
| 0.5% Discretionary Reserve | 26 | 0 | -26 | 130 | 130 | 0 |
| Other Uncommitted Reserves | 8 | 0 | -8 | 8 | 8 | 0 |
| Premises Reserve | 9 | 9 | 0 | 54 | 54 | 0 |
| Demographic Changes & inflation | 16 | 16 | -0 | 65 | 65 | 0 |
| 0.5% Contingency | 0 | 0 | 0 | 145 | 145 | 0 |
| | 58 | 25 | -33 | 401 | 401 | 0 |
| | 4,833 | 4,694 | -139 | 28,682 | 28,682 | 0 |

Stoke-on-Trent CCG
Primary Care - Commissioning Budgets 2018/19
Month 2

| | Year To Date | | | Forecast | | |
|--|------------------|------------------|--------------------|------------------|------------------|--------------------|
| | Budget £'000s | Actual £'000s | Variance £'000s | Budget £'000s | Actual £'000s | Variance £'000s |
| Enhanced Services | | | | | | |
| Anti-coagulation | 9 | 8 | -1 | 55 | 55 | 0 |
| Basket of care / Treatment Room Services | 52 | 51 | -1 | 311 | 311 | 0 |
| Nursing Homes | 8 | 19 | 11 | 45 | 45 | 0 |
| Near Patient Testing | 0 | 1 | 1 | 0 | 0 | 0 |
| GTT | 16 | 16 | 0 | 93 | 93 | 0 |
| Extended Hours Access | 49 | -3 | -52 | 293 | 293 | 0 |
| Shared Care | 10 | 8 | -2 | 62 | 62 | 0 |
| Primary Care Offer | 10 | -2 | -12 | 60 | 60 | 0 |
| Extended Minor Surgery | 16 | 2 | -13 | 93 | 93 | 0 |
| Other Enhanced Services | 0 | 5 | 5 | 0 | 0 | 0 |
| | 169 | 106 | -63 | 1,012 | 1,012 | 0 |
| GP Forward View Investments | | | | | | |
| Transformational Support | 73 | 77 | 4 | 438 | 438 | 0 |
| Care Navigators | 0 | 34 | 34 | 49 | 49 | 0 |
| Improving Access | 0 | 0 | 0 | 150 | 150 | 0 |
| Online consultation Software | 0 | 0 | 0 | 97 | 97 | 0 |
| Other GPFV | 0 | 0 | 0 | 0 | 0 | 0 |
| | 73 | 110 | 37 | 734 | 734 | 0 |
| Other Primary Care Budgets | | | | | | |
| Admission Avoidance LIS | 291 | 286 | -5 | 1,745 | 1,745 | 0 |
| Membership and Transformation Scheme | 73 | 77 | 4 | 436 | 436 | 0 |
| QIF | 199 | 0 | -199 | 1,195 | 1,195 | 0 |
| Mental Health Act Assessments | 21 | 101 | 80 | 124 | 124 | 0 |
| Learning & Development | 90 | 9 | -82 | 541 | 541 | 0 |
| | 674 | 472 | -202 | 4,042 | 4,042 | 0 |
| GP IT | 169 | 166 | -3 | 1,016 | 1,016 | 0 |
| | 1,085 | 854 | -231 | 6,804 | 6,804 | 0 |

North Staffordshire CCG
Primary Care - Commissioning Budgets 2018/19
Month 2

| | Year To Date | | | Forecast | | |
|--|------------------|------------------|--------------------|------------------|------------------|--------------------|
| | Budget £'000s | Actual £'000s | Variance £'000s | Budget £'000s | Actual £'000s | Variance £'000s |
| Enhanced Services | | | | | | |
| Anti-coagulation | 2 | 4 | 2 | 12 | 12 | 0 |
| Basket of care / Treatment Room Services | 39 | 38 | -1 | 233 | 233 | 0 |
| Nursing Homes | 29 | 26 | -3 | 172 | 172 | 0 |
| Near Patient Testing | 0 | 2 | 2 | 0 | 0 | 0 |
| GTT | 7 | 6 | -1 | 45 | 45 | 0 |
| Extended Hours Access | 31 | 0 | -31 | 183 | 183 | 0 |
| | 108 | 77 | -31 | 645 | 645 | 0 |
| GP Forward View Investments | | | | | | |
| Transformational Support | 56 | 58 | 2 | 335 | 335 | 0 |
| Care Navigators | 0 | 2 | 2 | 37 | 37 | 0 |
| Improving Access | 0 | 0 | 0 | 113 | 113 | 0 |
| Online consultation Software | 0 | 0 | 0 | 73 | 73 | 0 |
| Other GPFV | 0 | 0 | 0 | -0 | -0 | 0 |
| | 56 | 60 | 4 | 557 | 557 | 0 |
| Other Primary Care Budgets | | | | | | |
| Admission Avoidance LIS | 218 | 218 | -0 | 1,309 | 1,309 | 0 |
| Membership and Transformation Scheme | 55 | 58 | 3 | 327 | 327 | 0 |
| QIF | 37 | 0 | -37 | 224 | 224 | 0 |
| Mental Health Act Assessments | 27 | 55 | 28 | 163 | 163 | 0 |
| Learning & Development | 51 | 54 | 4 | 305 | 305 | 0 |
| | 388 | 385 | -3 | 2,327 | 2,327 | 0 |
| GP IT | 125 | 102 | -22 | 747 | 747 | 0 |
| | 676 | 624 | -52 | 4,276 | 4,276 | 0 |

Public Paper

| | |
|-------------------|-----|
| Enclosure: | 6.2 |
|-------------------|-----|

| | |
|------------------|---|
| Report to | Meeting in Common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees |
|------------------|---|

| | |
|--------------|--|
| Title | Primary Care Commissioning Strategy Plan |
|--------------|--|

| | |
|---------------------|-----------------------------------|
| Meeting Date | Tuesday 3 rd July 2018 |
|---------------------|-----------------------------------|

| | |
|-------------------------|--|
| Sponsor Director | Lynn Millar, Director of Primary Care and Medicines Optimisation |
|-------------------------|--|

| | | | | |
|------------------------|-----------------|---|-------------------|--------------------------------------|
| Action required | Decision | x | Discussion | For assurance/For Information |
|------------------------|-----------------|---|-------------------|--------------------------------------|

Purpose of the paper, key issues, points and recommendations

A number of primary care strategies and plans have been developed across Staffordshire over the last 5 years; these include CCG and NHSE Strategies, the GPFV and the STP Enhanced Primary and Community Care Programme.

The purpose of this document is to describe how the CCG will implement the plans described within these documents through strategic investment in primary care over the next 5 years. The system is facing significant challenges both financially and operationally, but it is recognised that primary care is fundamental to the delivery of local health care services. This paper sets out the framework by which the CCGs will commission and invest to ensure sustainable General Practice and enhanced primary care which deliver high quality services and improved outcomes for patients in Stoke-on-Trent and Staffordshire.

The Committees are asked to:

- i. **Approve** the principle for development of a Primary Care Commissioning Strategy
- ii. **Receive** and **note** the contents of the report.

Which other CCG committee and/or Group has considered this report

| | |
|-------------------------------|--|
| <u>Committee/Group</u> | <u>Other agreements</u> |
| N/A | Lynn Millar – Director of Primary Care |

Summary of risks relating to the proposal

| |
|-------------------------|
| Detailed within report. |
|-------------------------|

Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

| |
|-------------------------|
| Detailed within report. |
|-------------------------|

Strategic objectives supported by this paper

| | | |
|--------------------------|-----|----|
| Our shared Goals: | Yes | No |
|--------------------------|-----|----|

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

| | | | |
|----|-------------------------------|---|---|
| 1. | Empowered Staff | | x |
| 2. | Commissioning Health Outcomes | x | |
| 3. | Seamless Partnerships | x | |
| 4. | Responsible Use of Resources | x | |

| Key Requirements: | | Yes | No |
|-------------------|--|-----|-----|
| 1. | Has a Quality Impact Assessment been completed? | | N/A |
| 2. | Has an Equality Impact Assessment been completed? | | N/A |
| 3. | Has Engagement activity taken place with Stakeholders/Practice/Public and Patients | | N/A |

| Acronyms | |
|----------|--|
| | |

A proposal for a Primary Care Commissioning Strategy for Staffordshire and Stoke on Trent

1.0 Purpose

A number of primary care strategies and plans have been developed across Staffordshire over the last 5 years; these include CCG and NHSE Strategies, the GPFV and the STP Enhanced Primary and Community Care Programme.

The purpose of this document is to describe how the CCG will implement the plans described within these documents through strategic investment in primary care over the next 5 years. The system is facing significant challenges both financially and operationally, but it is recognised that primary care is fundamental to the delivery of local health care services. This paper sets out the framework by which the CCGs will commission and invest to ensure sustainable General Practice and enhanced primary care which deliver high quality services and improved outcomes for patients in Stoke-on-Trent and Staffordshire.

2.0 Context

The majority of NHS activity takes place within primary care, with the strategic direction of NHS services set to increase this, both in terms of the volume and complexity of the services delivered in primary care. The success of this “left shift” is crucial to the transformation proposed by the STP in Staffordshire and is also reflected in the national direction of travel for the NHS; however, there are significant challenges, recognised both nationally and locally, which are currently affecting the stability of general practice. These include workload, workforce, estates, financial stability, variation in clinical care, patient demand for and expectations of services and the interface between relationship of general practice and within the wider health and social care system.

Although these are challenging times for general practice, and particularly across Staffordshire, it is also a time of opportunity with GPs leading change both within general practice and by working in collaboration with others across the wider system.

3.0 Vision

The Staffordshire GPFV outlines the need to deliver clinically and financially sustainable general practice over the next five years, supported by a model of integrated working across primary care, community services (including mental health), social care and the voluntary sector to meet the needs of our population. This will be achieved through:

- Greater collaboration between practices to deliver primary care at scale
- An optimised practice footprint that supports a sustainable partnership model.
- Developing a workforce strategy to meet current and future needs, including workforce planning, recruitment, retention and role redesign.
- Developing a new model of enhanced primary and community care built around integrated, locality teams.
- Using Digital technology to reduce bureaucracy and support innovation.
- Improving quality and clinical outcomes
- Developing the primary care estate to ensure it meets the needs of the future models of care
- More focus on prevention and early intervention to support self-care and early diagnosis.

The Enhanced Primary and Community New Models of Care Programme is the STP response to transforming primary care and community services across Staffordshire. The aim is to dissolve traditional boundaries between primary care, mental health, community services and hospital through the development of new models of service delivery. There are three key deliverables, each with its own work stream:

- Sustainable General Practice
- Development of integrated locality teams
- Establish Alliance Partnerships

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

There is national funding to pump prime transformation and the CCG will ensure that all funding will be targeted to deliver the ambitions of the GPFV to ensure that innovation and new models of care are implemented to deliver sustainable changes to the way General Practice is delivered.

4.0 Commissioning from Primary Care

While the GPFV and the EPCC programme describe the how the primary care landscape will transform over the next 5 years, they don't provide a commissioning framework to invest in General Practice that will deliver the STP ambition to deliver the 'left shift' so more patients are seen out of hospital and closer to their own homes. On this basis, the CCG will develop a Primary Care Commissioning Strategy that will sit alongside these plans and describe how the system will invest in General Practice and commission enhanced primary care services to support "left shift" as outlined by the STP.

4.1 Delegated Commissioning

Since becoming delegated commissioners of General Practice in April 2017, the CCGs have adopted a cautious approach to the delegated budget which has resulted in a significant underspend. The Strategy will describe the financial planning process that will ensure resources are managed effectively and efficiently to deliver the best outcomes for patients

4.2 Commissioning for Quality

While variation will always exist due to skill mix, demographics and expertise, the Strategy will aim to improve outcomes for all patients to deliver care that exceeds expected benchmarks. The strategy will use Right Care and other intelligence to review where we deliver well and not so well and put quality frameworks in place to maximise health outcomes. Structure education programmes and protected learning is vital to ensure that clinicians have the skills and knowledge to deliver best practice. . Where it is feasible to do so, the CCGs will commission to support the partnership model, since it is the unique ownership of, and responsibility for quality of care conferred by this model of general practice that has ensured the continued high standards of patient satisfaction with general practice.

4.3 Enhanced Primary Care Services

Across Staffordshire, there is huge variation in terms of provision, outcomes and investment of enhanced primary care services. While the Strategy recognises the need for the Carr-Hill focus on deprivation and the weighted list funding which needs to be maintained, the ambition will be to ensure primary care is resourced to deliver services which meet the need of the local population. The lack in provision in some areas results in higher admissions to hospital which could be avoided if services were provided by practices and networks of practices closer to home. The strategy will describe how enhanced services will be commissioned to provide a more consistent offer for patients delivered by a sustainable business model.

4.4 Contracting

The partnership model is under great strain with fewer GPs joining the profession and more and more practices considering handing back contracts through fears of being 'last man standing'. Size does not equate automatically with safety, stability or sustainability, there are economies of scale and all practices require certain skill sets, which are more easily sorted with a larger workforce. The strategy needs to recognise the issues around indemnity, leases and subsidies and, while these may not be resolved through the strategy, they should be taken into account when developing services.

The strategy will describe how the CCG will work with practices to optimise the practice footprint by supporting mergers to create more resilient business models. The strategy will also consider contractual forms including a spectrum of integration and collaboration with community and acute providers to deliver integrated GMS and Enhanced primary care services.

4.5 Primary Care at Scale

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

General Practice is increasingly working collaboratively within localities, Federations and Alliances to provide a greater range of integrated services in the community. The strategy will describe how the CCG will commission from primary care at scale across these three levels of care as described in the New Models of Care Programme.

The CCG believes that by commissioning from local practices working together will deliver a level of 'additionality' that cannot be achieved from external providers. The CCGs in Staffordshire have already demonstrated its commitment to commissioning from Primary Care at scale through a direct award to commission extended access from localities and Federations.

5.0 Engagement

The CCG is committed to co-production of this strategy with member practices, localities, and the LMC to ensure that it is fit for purpose and meets the needs of both practices and commissioners.

To this end, a process of engagement will commence in August to start the conversation about what excellent General Practice will look like in Staffordshire in 5 years time. We will then work with practices and the LMC to understand how we can use the commissioning process to deliver this ambition.

The STP describes the ambition to deliver a 'left shift' so more patients are managed outside of hospital. Therefore the strategy will also work with wider stakeholders to align with this vision and ensure that resources are distributed in a way that reflects the transfer of activity and complexity to primary care, and supports and sustains partnerships within general practice as key providers within the STP.

6.0 Progress

The CCGs have already committed to supporting primary care at scale and are in the process of commissioning extended access from local practices working collaboratively. The decision to a direct award worth £21m over 3 years was reached on the basis of the additionality that would be delivered through practices working together.

This winter, the CCG invested over £3m to increase capacity in General practice through additional appointments, acute visiting services and nursing home care.

PMS reinvestment has been directed to services which we know many practices have been providing without additional investment.

Significant amounts of capital have been secured by the CCG to deliver an integrated care record and estates programmes.

GPFV funding has been directed to support patient online, wifi, navigation training, Brighton and Hove workflow transformation, resilience and locality working.

6.0 Delivery

A Primary Care Commissioning Strategy Development group will be set up to shape the delivery, engagement and design of the strategy. This will include representation from General Practice, finance, LMC, patients and clinical leads etc.

The oversight for the delivery of the strategy will be through the Primary Care Commissioning Committees in the North, South and East.

The Strategy will be accompanied by a robust implementation plan and programme management to ensure that the agreed milestones are delivered.

7.0 Next steps

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

- Principle for the development of a PCC Strategy to be approved by PCC.
- PCC Strategy and Development group to be established.
- Stakeholder engagement to commence in August/September 2018.

Public Paper

| | |
|-------------------|-----|
| Enclosure: | 6.3 |
|-------------------|-----|

| | |
|------------------|---|
| Report to | Meeting in Common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees |
|------------------|---|

| | |
|--------------|--|
| Title | Primary Care Discretionary Spending Plan |
|--------------|--|

| | |
|---------------------|-----------------------------------|
| Meeting Date | Tuesday 3 rd July 2018 |
|---------------------|-----------------------------------|

| | |
|-------------------------|--|
| Sponsor Director | Lynn Millar, Director of Primary Care and Medicines Optimisation |
|-------------------------|--|

| | | | | |
|------------------------|-----------------|---|-------------------|--------------------------------------|
| Action required | Decision | x | Discussion | For assurance/For Information |
|------------------------|-----------------|---|-------------------|--------------------------------------|

Purpose of the paper, key issues, points and recommendations

CCGs became delegated commissioners of General Practice in April 2017.

One of the aims of delegation is to allow CCGs to align the funding streams with service delivery and is therefore regarded as a key enabler for sustainable General Practice and the delivery of the GPFV. However in the first year, there has been a significant underspend against the delegated budget.

A Primary Care Commissioning Strategy is being developed to ensure that there is a strategic framework for commissioning and investment into primary care that supports the delivery of high quality, sustainable General Practice

In the meantime, this document will outline principles and processes that will be put in place to ensure the available primary care budgets are spent appropriately and within GMS Statement of financial entitlements (SFEs).

The Committees are asked to

- i. **Receive** and **approve** the Primary Care Discretionary Spending Plan

Which other CCG committee and/or Group has considered this report

| | |
|-------------------------------|--|
| <u>Committee/Group</u> | <u>Other agreements</u> |
| N/A | Lynn Millar – Director of Primary Care |

Summary of risks relating to the proposal

| |
|-------------------------|
| Detailed within report. |
|-------------------------|

Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

| |
|-------------------------|
| Detailed within report. |
|-------------------------|

Strategic objectives supported by this paper

| | | |
|--------------------------|-----|----|
| Our shared Goals: | Yes | No |
|--------------------------|-----|----|

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

| | | | |
|----|-------------------------------|---|---|
| 1. | Empowered Staff | | x |
| 2. | Commissioning Health Outcomes | x | |
| 3. | Seamless Partnerships | x | |
| 4. | Responsible Use of Resources | x | |

| Key Requirements: | | Yes | No |
|-------------------|--|-----|-----|
| 1. | Has a Quality Impact Assessment been completed? | | N/A |
| 2. | Has an Equality Impact Assessment been completed? | | N/A |
| 3. | Has Engagement activity taken place with Stakeholders/Practice/Public and Patients | | N/A |

| Acronyms |
|----------|
| |

Primary Care Discretionary Spending Plan

1.0 Purpose

CCGs became delegated commissioners of General Practice in April 2017.

One of the aims of delegation is to allow CCGs to align the funding streams with service delivery and is therefore regarded as a key enabler for sustainable General Practice and the delivery of the GPFV. However in the first year, there has been a significant underspend against the delegated budget.

A Primary Care Commissioning Strategy is being developed to ensure that there is a strategic framework for commissioning and investment into primary care that supports the delivery of high quality, sustainable General Practice

In the meantime, this document will outline principles and processes that will be put in place to ensure the available primary care budgets are spent appropriately and within GMS Statement of financial entitlements (SFEs).

2.0 Strategic Context

There are significant challenges, recognised both nationally and locally, which are currently affecting the stability of general practice. These include workforce, estates, financial stability, variation in clinical care, patient demand for and expectations of services and the relationship of general practice within the wider health and social care system.

The Staffordshire GPFV outlines the need to deliver clinically and financially sustainable general practice over the next five years, supported by a model of integrated working across primary care, community (including mental health), social care, the voluntary sector to meet the needs of our population. This will be achieved through:

- Greater collaboration between practices and an optimised practice footprint
Developing a workforce strategy to meet current and future needs, including workforce planning, recruitment, retention and role redesign.
- Developing a vision for integrated, locality working.
- Using IT to reduce bureaucracy and support innovation, including self-care
- Practices working in collaboration with the 'Supporting Change in General Practice' Team to develop more sustainable general practice.
- Working to develop patients' and the public's relationship with NHS services.

The Enhanced Primary and Community New Models of Care Programme is the STP response to transforming primary care and community services across Staffordshire. The aim is to dissolve traditional boundaries between primary care, mental health, community services and hospital through the development of new models of service delivery. There are three key deliverables, each with its own work stream:

- Sustainable General Practice
- Development of integrated locality teams
- Establish Alliance Partnerships

This plan recognises that transformational changes are needed to support the development and capacity of primary care, and describes the steps towards implementing that transformation. It will take time and resource. We want to work with our independent contractors to motivate, incentivise and support them on the transformational journey.

This plan will outline how the discretionary element of the commissioning budget will support delivery of high quality, sustainable General Practice and transformation of enhanced primary and community care.

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

3.0 Operational context

The nature of the primary care budget means that the CCG takes some responsibility for operational delivery, notably GPIT and education. The CCG also has a responsibility to ensure that all patients have access to primary care services and therefore there is an element of managing the financial risk in the event of a practice not being able to provide GMS services. On this basis, the budget includes a number of risk reserves to mitigate any operational risks that might arise in year.

In the first year of delegation, these risks were relatively unknown and therefore there was a level of caution applied to spending these budgets without understanding what the impact of those risks might be.

This plan will therefore take into account any potential risks that may arise in year. The Primary Care Director will work closely with the finance team to ensure these are reflected in the budget planning and forecasting.

4.0 Budget

In the first year of holding primary care delegated budgets, the two CCGs had a total underspend against the delegated budget of £1,781k split as follows:

Table 1. 2017/18 delegated commissioning budget

| | Stoke-on-Trent CCG £'000s | North Staffordshire CCG £'000s |
|---|---------------------------------|---|
| Discretionary reserve | 192 | 135 |
| Contingency and risk reserve | 383 | 270 |
| Premises reserve | 130 | 54 |
| Demographic changes and inflation reserve | 93 | 48 |
| Extended hours enhanced service | 217 | 110 |
| Indemnity costs (funded by NHS England) | 150 | 112 |
| Other budgets | 32 | -145 |
| | 1,197 | 584 |

Within the budgets for 2018/19 there are a number of reserves available to support in-year delegated budget pressures and developments:

Table 2. 2018/19 Delegated Commissioning Budgets

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

| | Stoke-on-Trent CCG £'000s | North Staffordshire CCG £'000s |
|-------------------------------------|---------------------------------|---|
| Non recurrent discretionary reserve | 197 | 130 |
| Contingency | 197 | 145 |
| Premises Reserve | 130 | 54 |
| Demographic growth | 83 | 65 |
| Other Uncommitted | 820 | 8 |
| | 1,427 | 402 |

In addition to the delegated budgets the CCG holds other primary care budgets for local enhanced services, GP Forward View, LIS, QIF and the membership scheme. These budgets are expected to be fully spent.

The CCG also holds primary care Learning & Development budgets of £304k for North Staffs and £541k for Stoke, and these budgets have not been fully utilised in the past.

5.0 Planning principles

Payments made from delegated commissioning budgets need to take note of the General Medical Services Statement of Financial Entitlements, however outside of this the CCG has other primary care specific budgets and plans may flex across this range of budgets. If flexibility across budgets is required, we would need to gain approval from the relevant budget holder or committee.

All financial plans for Primary Care must be considered within the context of the wider CCG strategic objectives and financial plan.

Any premises related payments will also need to fit with the Premises Cost Directions (2013).

In the first instance, there is an expectation that the budget will be appropriately for its original intended purpose eg Learning and development, estates.

Funding is non-recurrent and so cannot be used to fund service provision.

Consideration is also given to ensure that spend does not duplicate an alternative funding source such as HEE, GMS, GPFV allocations.

For operational pressures, funding should only be provided when all other routes of financial assistance have been explored, and other alternative solutions have been considered and ruled out (e.g. working with other practices). It should also be the opinion of the CCG that without this assistance the risk of a provider being unable to continue to deliver primary medical services is unacceptably high.

Where funding is approved, progress should be monitored on a monthly basis by the Primary Care Committee through the Primary Care Highlight Report.

6.0 Current cost pressures

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

This section will describe those cost pressures, service developments that have already been identified and factored into the primary care delegated budget.

6.1 Known or anticipated cost pressures

Known and potential operational pressures will be identified with finance team to ensure financial risk is mitigated and planned.

Priority will be given to known and predicted operational risks for example prior contract agreements eg APMS, mergers, premises cost pressures, caretaking in the event of a closure, significant quality issues etc.

A number of operational pressures are known or anticipated in 2018/19 and described below in table 3.

Table 3. 2018/19 Budget planner

| | Budget | North Staffs | Stoke on Trent |
|----------------------------------|---------|--------------|-------------------------------|
| temporary practice move* | Estates | | £50,000 |
| Known branch premises costs* | Estates | | £35,000 |
| Mergers | | £40,000* | £40,000* |
| GP Intensive support team | | £37,500 | £37,500 |
| APMS prior contractual agreement | | | 230,000 plus £153,000 arrears |

* Confidential

In addition, an envelope of £600k has been committed to develop a model of social prescribing. The model is currently under development and will be costed and reflected in the budget plan.

6.2 Learning and Development

The CCG has committed a significant investment to support learning and development in primary care, however only around 1/10 of the budget was spent in 2017/18. The majority of which was spent on bursaries for individuals and practices.

New schemes are currently under development including a successful pilot to embed and train displaced nurses in practices, the development of a prospectus and nurse and practice management leadership.

However, there was recognition that a more strategic approach to education and development was a priority for the CCG and the group agreed to introduce protected learning time for GPs which supported clinical improvement in primary care, innovation and alignment to the ambitions of the CCG including QIPP. This proposal will be fundamental to the primary care strategy and a programme of work is underway to introduce the first PLT in the Autumn.

The PLT proposal is currently being costed and will be presented to the PCC in August, along with the full year effect of bursaries and the nurse placement scheme.

4.3 Other Funding Requirements

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

There is recognition that the budgets are non-recurrent and cannot fund service provision that require annual commitments. However, the budget can be used to pump prime transformational change and other non-recurrent initiatives

Any funding will be prioritised to deliver the ambitions of the Primary Care Commissioning Strategy, the GPFV and practice sustainability.

Discussions have taken place with clinical directors, the primary care team, the LMC and the learning and development committee to discuss where the greatest impact could be delivered for the investment available.

A number of proposals are currently being developed to present to the primary care committee for consideration. These include:

- Protected Learning Time and education programme – Vicky Oxford/Antoinette Bourne
- Nurse placement scheme – Charlotte Harper
- Integrating Care teams with General Practice – Sarah Jeffery

7.0 Next steps

A monthly primary care planning meeting will be put in place to oversee the development of new proposals, identify future opportunities to invest and monitor the primary care budget with the finance team.

As the governance arrangements, primary care commissioning strategy and new structures evolve, a formal primary care planning process will be put in place that supports investment into primary care.

In the meantime, a scoring criteria will be developed to assess new schemes to ensure funding aligns with the principles identifies in this document.

The PLT proposal and nurse placement scheme will be presented to the Learning and Development group in August and the outcome shared with the primary care committee.

Public Paper

| | |
|-------------------|-----|
| Enclosure: | 7.1 |
|-------------------|-----|

| | |
|------------------|---|
| Report to | Meeting in Common of the North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees |
|------------------|---|

| | |
|--------------|----------------------------|
| Title | Social Prescribing Project |
|--------------|----------------------------|

| | |
|---------------------|---------------------------|
| Meeting Date | 3 rd July 2018 |
|---------------------|---------------------------|

| | |
|-------------------------|--|
| Sponsor Director | Lynn Millar, CCGs' Director of Primary Care and Medicines Optimisation |
|-------------------------|--|

| | | | | | |
|------------------------|--|-------------------|------------------------|-------------------|------------------------|
| Action required | <table border="1"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 5%; text-align: center;">X</td> <td style="width: 25%;">Discussion</td> <td style="width: 45%;">For Information</td> </tr> </table> | Decision | X | Discussion | For Information |
| Decision | X | Discussion | For Information | | |

Purpose of the paper, key issues, points and recommendations

This paper provides an update on the development of the social prescribing project in North Staffordshire and Stoke on Trent to enable committee to agree the funding for the project.

Key Points

A model is proposed to enable implementation of the project which will include a coordinator role and link workers to develop the project within the identified areas and general practice.

The sites for implementation have been agreed across Stoke and North Staffs and the project will be implemented in two phases. There will be four sites in phase one and a further four in phase two. A project already in place in Leek will continue to run alongside the proposed project and outcomes will be shared to enable development to be supported.

Over a 12 month period, an investment of £500,000 is required to implement and develop the project.

The cohort of patients has not been identified; however information about the health needs of the areas is included in the paper and will help to determine where the service might be addressed. The project will develop within the areas in line with a detailed asset mapping a scoping exercise carried out by the link workers.

The expected return on investment is both qualitative and quantitative. This includes improvements in patient quality of life, reduction in demand on general practice and a release of capacity in appointments for more complex needs, reduction in A&E attendances and non-elective admissions,.

The Committee is asked to:

- **Approve the investment of £500,000 for implementation and development of the project**

Which other CCG committee and/or Group has considered this report

| | |
|-------------------------------|--------------------------------|
| <u>Committee/Group</u> | <u>Other agreements</u> |
| N/A | N/A |

Summary of risks relating to the proposal

| |
|--|
| |
|--|

Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

Social Prescribing are within the Ten High Impact Actions of the General Practice Forward View

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

| Strategic objectives supported by this paper | | | |
|--|-------------------------------|-----|----|
| Our shared Goals: | | Yes | No |
| 1. | Empowered Staff | X | |
| 2. | Commissioning Health Outcomes | X | |
| 3. | Seamless Partnerships | X | |
| 4. | Responsible Use of Resources | X | |

| Key Requirements: | | Yes | No |
|-------------------|--|-----|----|
| 1. | Has a Quality Impact Assessment been completed? | | X |
| 2. | Has an Equality Impact Assessment been completed? | | X |
| 3. | Has Engagement activity taken place with Stakeholders/Practice/Public and Patients | X | |

| Acronyms |
|----------|
| |

1. Purpose of the Paper

To provide a model and rationale for the proposed Social Prescribing project within the geographical areas of North Staffordshire and Stoke on Trent Clinical Commissioning Groups.

To seek approval from the Committee to fund the proposed model to enable implementation of social prescribing building upon the work of the Care Navigation Project supported by the VCS Hub. .

2. Context and Background

Nationally and locally there are immense and ever-growing pressures within the health and social care system. The desired “shift to the left” from acute to primary care requires an additional shift left from primary care into the wider community.

'We need to empower general practice by breaking down the barriers with other sectors, whether social care, community care or mental health providers, so that social prescribing becomes as normal a part of your job as medical prescribing is today'
(Jeremy Hunt speaking to GPs, 2015)

The NHS Five Year Forward View encourages a focus on prevention and wellbeing, patient centred care and better integration of services. It emphasises the crucial role that the VCSE plays as both a partner and enabler as well as the role of social action and volunteering in improving people's health and wellbeing.

The General Practice Forward View goes further, recognising the role of Social Prescribing as one of the 10 High Impact Actions to release capacity, ultimately improving care. It is seen as a mechanism for supporting greater integration of primary care with wider health and care systems to reduce demand on stretched primary care services. Social prescribing schemes help to integrate services and make improvements in the social and economic determinants of health. This supports the direction of travel for the STP and integrated care system development.

Social Prescribing has been highlighted as an action for the local area in response to the recent CQC inspection and report for Stoke on Trent.

The Low Commission (2015) reported that 15% of GP visits were for social welfare advice and it is now estimated that approximately 20% of patients consult their GP for what is primarily a social problem. There is an increasing need to identify ways to release GP capacity through an active referral approach to alternative and more needs-appropriate services Social Prescribing takes a holistic approach to addressing health problems and is underpinned by the concept that people's health is determined by a range of factors including social, environmental and economic. The implementation of social prescribing would provide a means by which health professionals could seek to find alternatives to medical intervention and address the non-medical causes of ill health. The VCS Hub has been able to create a valuable starting point working in close partnership with the Care

Navigation Pathway and receiving increasing referrals from GP Practices. See quote below on NHS Choices website;

‘More than Just a doctors’

‘The Clinic has a representative from VAST each Thursday Morning. Patients can get advice on a wide range of problems that can impact on your health.

I recently visited the clinic and spoke to the VAST representative about getting some help caring for my wife. I was pointed in the right direction and as a result it looks like I am entitled to help.

Fantastic idea I am sure it would have become a problem that would have affected my health before too long. Thank you ‘Talke Clinic’, for continuing to go the extra mile for the patient’.

Funding in principle was agreed at the March 2018 meeting of the Primary Care Commissioning Committee. The steering group and task and finish groups have been meeting to develop a working model to secure funding for and enable implementation and development of the project.

3.0 The Proposed Model

The model can be viewed at Appendix 1.

To ensure robust and successful implementation and development of the model, 4 phase 1 implementation sites have been identified. As the project progresses, additional sites will be included using the evidence already gained along with learning from the phase 1 sites to ensure the model develops positively to provide benefit to the patient and the system.

The model comprises of the following elements:

3.1 Service Co-ordination Unit/Manager

To ensure the co-ordination of the whole project, co-ordination unit/manager role will be required.

The co-ordination unit will be the overarching link for the project. It is anticipated that within this function there will be a manager that will oversee the overall implementation of the project. The Manager will be connected with and up to date on the social prescribing agenda nationally and regionally, and will be the main contact for any queries, to co-ordinate data and information to support the evaluation project and identify areas of good practice or gaps in service. Quality assurance of the services referred to will also be a key function of this role.

This role will not be responsible for completing evaluation or addressing any gaps identified. However the role will share the information with the appropriate bodies/personnel to carry out evaluation or development of services. The function will receive queries or concerns raised by referrers into the service about access to the link workers and these will be addressed to enable and support the link workers to develop.

The provider of the service will develop the role/function and this may be new employment or the development of individuals/team already employed in similar or associated work.

3.2 Initial Referral Source

The model is currently health led and it is anticipated that the referrals will come initially from General Practice. This could be from any member of the practice team where they are confident in signposting to alternative services. This will build upon the referral links already in place including those via the VCS Hub.

The model will support the development of the Care Navigation service already in place in general practice and enable increased levels of navigation to services outside of the health arena

3.3 Implementation Sites

Sites have been identified for the phase 1 implementation of the project with others to be fast followers in phase 2.

Each site encompasses more than one practice and further work is required to fully engage the practice teams with the project and determine participation from each practice. The populations for each site are between 5,000 – 30,000 registered patients if all practices fully participate.

The four initial sites will be Meir, Middleport, Newcastle (Chesterton) and Werrington. The second phase sites will include Longton, Burslem/Cobridge, Newcastle (Silverdale).

Leek currently has a project in place lead by the fire and rescue service. This will be a slightly different model but will run alongside the project to provide an alternative delivery method. It is anticipated that there will be learning from each site and shared resources during the development of the overall project. There is currently no link worker in Leek but if this is found to be a need during the time of the project, resource will be included to enable this to be put into place.

Scoping of need for each site would be a requirement of the link worker role. If all practices in the phase 1 sites want to participate, there will be a total population coverage of 52,236 registered patients = 10% of total CCG population. With the addition of the phase 2 sites, this would increase to 140,411 registered patients and 28% of population covered. The links formed through the delivery of the Care Navigation Project should facilitate buy in from practices, some are referring at present and many are aware of and supportive of the concept.

| Area | Practice | Practice Population | Engagement with Care Navigation by the practice |
|--|-----------------------------|---------------------|---|
| Meir Total population 26,755 | Dr Borse | 4891 | Yes |
| | Dr Sarin | 6796 | To be developed |
| | Dr Miles | 3946 | Yes |
| | Willowbank | 11122 | Yes |
| Longton Total Population 29,518 | Longton Hall | 6796 | Yes |
| | Mayfield | 11016 | Yes |
| | Merton St | 4127 | To be developed |
| | Dr Sinha | 2553 | Yes |
| | Adderley Green | 5026 | Yes |
| Middleport Total Population 4572 | Middleport Medical Centre | 4572 | To be developed |
| Burslem | Lucie Wedgwood | 5895 | To be developed |
| Cobridge Total Population 17,003 | Apsley surgery | 6012 | Yes |
| | Cobridge surgery | 5096 | Yes |
| Silverdale Total population 12,285 | Silverdale Medical Practice | 12285 | To be developed |
| Chesterton Total Population 12,834 | Heathcote St | 5168 | Yes |
| | Loomer Road | 7666 | Yes |
| Leek | Leek Health Centre | 8102 | Yes |
| | Moorlands Medical | 8918 | Yes |

| | | | |
|---|---------------------|--------|-----------------|
| Total Population 29459 | Centre | | |
| | Park Medical Centre | 12,439 | To be developed |
| Werrington | Werrington Surgery | 7985 | To be developed |
| Total Population 7985 | | | |

The rationale for selection is detailed below. All of the areas have higher levels of deprivation and higher than average rates of long term health conditions. A number of the priorities and key recommendations will enable cohorts of patients to be identified and support the development of social prescribing in these areas:

3.3.1 Meir and Longton

Large Health Centre in Meir housing three general practice surgeries

Meir Hub is situated in close proximity to the Health Centre in a Local Authority building and has a focus on Mental Health. The building may have space which could be utilised to house other providers of services in the future.

Longton already has a My Community Matters contract in place which would support the development of social prescribing.

Information from the Staffordshire and Stoke on Trent Sustainability and Transformation Partnership Public Health and Prevention Locality Information and Data Pack provides the following health needs within these two areas:

Particularly high rates of

- Hypertension
- Peripheral Vascular Disease
- Coronary Heart disease
- Diabetes
- Obesity
- Depression
- Epilepsy
- Learning Disability
- Rheumatoid Arthritis

The majority of acute expenditure is for inpatient care, however in Meir acute expenditure is also high for outpatient care

There is significantly higher than Staffordshire average usage of most acute services including A&E, NHS 111, GP Out of Hours and ambulance conveyances and mental health issues.

There are significantly higher than Staffordshire average rates of avoidable emergency admissions for mental health conditions, ambulatory care sensitive conditions admissions and zero length of

stay admissions with no procedure, medicine related admissions, re-admissions, self-harm related admissions, smoking related admissions, and falls related admissions

Key recommendations and priorities include:

- A “left shift” in long term conditions management in order to promote wellbeing and reduce pressure on acute services
- Reducing smoking prevalence
- Promoting mental health wellbeing
- Frail elderly
- Optimisation of medication
- Prevention of readmissions
- Promoting healthy lifestyles Integrated support and care navigation across primary care, community services and secondary care including the following partners:
 - Pharmacists, psychologists, opticians, dentists
 - Secondary care particularly Mental Health, Neurology, Rheumatology
 - The Voluntary Sector
 - Social care

3.3.2 Middleport and Burslem

Middleport already has an active Middleport Matters group in place which requires support to develop and enable the wider population to access services and to enable a similar model to be shared out to Burslem.

Middleport and Burslem are part of the ANEW locality. Information from the Staffordshire and Stoke on Trent Sustainability and Transformation Partnership Public Health and Prevention Locality Information and Data Pack provides the following health needs for this locality:

Particularly high rates of

- Serious mental health conditions

The majority of acute expenditure is for inpatient care, with above Staffordshire average expenditure for A&E attendance and inpatient admissions

There is significantly higher than Staffordshire average usage of most acute services including A&E, NHS 111, GP Out of Hours and ambulance conveyances and mental health issues.

There are significantly higher than Staffordshire average usage of most acute services and rates of avoidable admissions for mental health conditions, ambulatory care sensitive conditions, zero length of stay admissions with no procedure, re-admissions, self-harm related conditions, smoking related admissions.

Key recommendations and priorities include:

- A “left shift” in long term conditions management in order to promote wellbeing and reduce pressure on acute services
- Reducing smoking prevalence
- Promoting mental health wellbeing

- Prevention of readmissions
- Particular focus on the management of self harm and serious mental health conditions
- Promoting healthy lifestyles Integrated support and care navigation across primary care, community services and secondary care including the following partners:
 - Pharmacists, psychologists, opticians, dentists
 - Secondary care particularly Mental Health,
 - Social care
 - Other wider community partners: schools, fire, police

In 2017/18 9659 people received an adult social care assessment in the Stoke on Trent City area. Of these 5% were in areas of Longton, 4% in Burslem and 7% in Meir. If these patients can be included through Social prescribing this will enable them to access community services already in existence and reduce reliance on support/health services

3.3.3 Newcastle

Two areas of Newcastle have been identified – Silverdale which is part of the Newcastle South locality and Chesterton which is part of the Newcastle North Locality. The two localities do differ.

Newcastle South

There is increased prevalence of long term conditions:

- Asthma
- Atrial fibrillation
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Coronary heart disease
- Dementia
- Depression
- Diabetes
- Hypertension
- Obesity
- stroke

There is a greater than average use of all emergency settings however 49% of all A&E attendances result in advice only and no intervention.

There is a high rate of readmissions and a greater than average zero length of stay into the acute trust

Areas for improvement:

- A prevention approach supported by healthy lifestyle choices to include:
 - Smoking cessation
 - Reducing alcohol consumption
 - Increased exercise

- Healthy eating
- Promotion of use of outdoor space to promote lifestyle

Newcastle North

There is increased prevalence of long term conditions:

- Hypertension
- Stroke

Clinical outcomes for the following long term conditions is less than optimum:

- Asthma
- Chronic kidney disease
- Coronary heart disease
- Dementia

Urgent and emergency care demand is higher than the Staffordshire average and 48% of all A&E attendances result in advice only and no intervention.

There is a considerable number of avoidable hospital admissions across a number of clinical areas for this population

Areas for improvement:

- Tackling obesity, levels of exercise and smoking cessation will impact on long term conditions and increase healthy life expectancy
- To review lifestyle plans and wellness advice for patients with long term conditions
- Develop a social prescribing model

3.3.4 Leek and Werrington

There is higher than average prevalence of long term conditions and lower clinical outcomes for managing these conditions. Contributing factors to this are:

- Aging population
- Increased poorer lifestyle choices
- Smoking
- Lack of exercise

There is a higher prevalence of :

- Cancer
- Chronic Obstructive Pulmonary disease
- Asthma

There is greater than average use of the GP Out of Hours service, ambulance conveyance, mental health services and community services

Areas for improvement:

- Tackling obesity, will impact positively on long term conditions and increase healthy life expectancy
- To review lifestyle plans and wellness advice for patients with long term conditions
- Develop a social prescribing model

3.4 Link worker

The role of the link worker is to receive the referrals and to assess which service would be most appropriate to meet the needs of the individual. They will provide the support required by the individual to access the services or make the links required.

Through use of a secure MIS database, the link worker will also collate information to be passed back to the co-ordination unit to support capacity planning and evaluation of the service. This will include:

- services that are not available but would be useful to meet a referral
- services with capacity issues, i.e. unable to take further referrals or building a waiting list and therefore would benefit from expansion and development
- services that no longer wish to participate or can no longer function for whatever reason
- Services that are available but not being accessed
- Numbers of referrals
- Source of referral

The use of a secure database has been shown to be a failing of some of the evaluated projects and this is a priority to be in place at the early stages of the project.

In order to ensure and maintain continuity of service, the model states that there will be two link workers in each area based on insight from experience and best practice. This will ensure cover for leave and as the project develops for the link workers to support new areas in their implementation.

As the project develops and the needs of the area are identified, the proposal is to upskill the link worker to reflect the key issues of the community and develop confidence and competence to assess and refer into more specialist services within the community e.g. mental health services

A draft job specification can be found at appendix 2. This is currently out for comment within the steering group but will be agreed when funding is approved.

3.5 Locality-base Community Voluntary and Social Enterprise (VCSE) Support

These will be services which the link worker identifies through a detailed asset mapping and scoping exercise to be open and available for social prescription. These will reflect the key issues for the area in which they are working and will be an ongoing development. The services will be included in a directory of services (DoS) so that they can be accessed on a wider basis. Data and information from partners will be used to develop the directory. The current Care Navigation project has developed a DoS which can be utilised but there are also other options on the market which can be explored as part of the implementation and development of the project.

3.6 Volunteers/Community Social Prescribing (SP) Champions

These roles will be introduced as the project develops and will come from the services to which referrals are made through the project. It is anticipated that the champions will develop from individuals who have used the service and want to support the development and share their experience. This will provide further opportunities for individuals to continue to improve their own wellbeing through volunteering as well as being important advocates for the programme within their community and helping to build capacity within community activities to support further social prescriptions.

This element will be a developing area and will respond to the needs of each of the implementation sites.

3.7 Specialist VCSE Support

These services will be developed as required once the specialist needs/gaps in each implementation area are identified. These services will be presented to the relevant body e.g. CCG/Local Authority for consideration as a commissioned service where the need is identified. These services could be commissioned services but will also include voluntary and community services that have developed through community funds and bursaries.

3.8 Capacity building support

This is the support that will need to be available to help build community and VCS capacity to better support local social prescribing. This would include enabling the creation of new community groups or activities to respond to needs identified by GP social prescribing and sharing good practice. This could include working with partners to seek external funding to develop community capacity as well as promoting and making the best use of existing resources.

For social prescribing to be effective the programme will need to ensure that there is sufficient capacity within the VCS to refer into.

4.0 Resources

In order to implement the model and activate social prescribing, there needs to be investment into a number of elements.

4.1 Staffing

The task and finish group have reviewed the different models of staffing a social prescribing project and to implement the proposed model this would include the following:

- a coordinator role based on a Band 6 Agenda for Change (AFC)
- 2 link workers per implementation area based on a Band 5 AFC
- an administrator role based on a Band 3 AFC

4.1.1 Total staffing Investment

| Role | Number required | AFC Band | Mid point cost of individual post | Investment including on-costs per individual | Total investment |
|--------------------------|-----------------|----------|-----------------------------------|--|------------------|
| Co-ordinator | 1 | 6 | £32,171 | £40,407 | £40,407 |
| Link worker 2 per area | | | | | |
| 8 for first phase sites | 8 | 5 | £25,934 | £32,573 | £260,584 |
| 4 for second phase sites | 4 | 5 | £25,934 | £32,573 | £130,292 |
| Administrator | 1 | 3 | £19,122 | £24,017 | £24,017 |
| Total maximum costs | | | | | £455,300 |

4.2 IT/Communication

There is a need for the link workers to be contacted and to maintain communication between referrers, providers and clients. It is anticipated that each link worker will require a mobile phone

4.2.1 Investment

| Equipment required | Costs |
|---|-------|
| Telephones to include a mobile device for each staff member | £3000 |
| Computers to include laptop for each member of staff and a shared printer | £5000 |

4.3 Evaluation

An agreement was given for £30,000 when the project was initially presented to PCCC

5.0 Implementation Plan

The aim is to implement the project as soon as possible for a period of 12 months in the first instance. During this time work will be ongoing to secure further funding from key partners and stakeholders to the project to ensure sustainability and development.

A provider has not been identified to deliver the project although it is proposed that the VCS partners work together to plan, co-design and develop the project working on what is already available in the system.

The plan would be to work in two 6 month phases

5.1 Phase 1

To establish the evaluation project through appointment of a provider.

Work is already underway. Three providers have shown an interest in the project and a specification has been developed through the steering group. The aim is to ask the potential providers to respond against the specification and within the agreed envelope of £30,000. Member of the steering group will assess the applications and award the contract.

The VCS partners through the governance group, will be asked to work together to develop an implementation plan to include the following steps:

Appoint the staff to resource the project. This could be existing staff known within the VCS service or may require recruitment:

Co-ordinator role

Admin role

8 link workers – 2 per site

For the 4 initial GP referral sites to be up and running within 6 months (September 2018 – March 2019)

5.2 Phase 2

For the remaining follower sites to be up and running in the following 6 months (April 2019 – September 2019)

6.0 Return on Investment

Return on investment will be both qualitative and quantitative.

The University of Westminster Making sense of Social Prescribing document summarises the potential outcomes of social prescribing into the following categories:

- Physical and Emotional Health and Wellbeing
- Cost Effectiveness and Sustainability
- Builds up local community
- Behaviour change
- Capacity to build up VCSE
- Social Determinants of Health

It is anticipated that this project will achieve a number of outcomes in these categories.

6.1 qualitative return

One aim of social prescribing is to improve the lives of patients and ensure they receive referral into services which will best meet their needs at the earliest opportunity. Improved wellbeing impacts on the health needs of patients particularly those with long term

conditions and subsequently can improve self-management of care in this cohort of patients.

Social Prescribing is one of the Ten High Impact Actions with in the GPFV the aim of which is to increase sustainability within General Practice. The development of social prescribing should reduce the demand on GP appointments. This in turn will release capacity and increase ability to see more complex patients and thereby reduce the need for patients to attend A&E or incur a non-elective admission to the acute sector.

Reduction in demand for GP appointments will improve satisfaction of the workforce and improve sustainability. Qualitative evidence from evaluations of other projects have demonstrated that GP's were positive about SP as well as reporting improvements in patients wellbeing and quality of life. Evidence from social prescribing projects demonstrates that 20% of all consultations are for social not health need.

6.2 quantitative return

Reduction in appointment activity within general practice is measurable and evidence has shown that a successful social prescribing project, on average, will reduce GP demand by 20%.

Data from the Apex tool provides the number of GP appointments in a twelve month period. This information is in its infancy and not accurately available from all practices at present. However, as an illustration of potential, looking at two of the practices within potential social prescribing implementer sites, 20% of GP appointments equates to:

| Practice | Population | Number of GP appts in 12 month period | 20% of appts requiring social need | |
|------------|------------|---------------------------------------|------------------------------------|--|
| Willowbank | 11,122 | 32,740 | 6,548 | |
| Heathcote | 5,168 | 14,324 | 2,864 | |

Practices do run different models of appointment systems, and therefore the reductions will differ from practice to practice. Not all patients will accept a social prescribing referral.

It is anticipated that a link worker would manage a caseload which would develop over time, but this will impact on the ability to support practices to navigate patients into the social/voluntary sector for care and support.

The following is an estimate of the potential for a link worker to manage patients:

| Support worker | Number of patients/week | Time period in weeks | Total patients managed |
|----------------|-------------------------|----------------------|------------------------|
| 1 FTE | 25 | 48 | 1200 |
| 2FTE | 50 | 48 | 2400 |

Whilst these numbers are low and equate to working with only 5 patients per day, it must be noted that the needs of patients will differ and some will require more intensive management than others. In the initial period of development this will allow for time to build relationships with primary and community care and the voluntary sector. It will also allow time to scope the needs of the population in more depth and to scope the services already available and identify gaps where development work could take place.

The aim will be for the link worker to build a caseload and 1200 clients would be the milestone for the first phase. It is expected that there will be a gradual increase in the numbers managed once confidence in the work and the services available is developed.

A reduction of 2400 appointments will not always mean a reduction in 2400 patients due to patients who attend multiple times, often referred to as frequent attenders. The number of contacts made by an individual has also proven to be reduced. A Bristol project demonstrated a 60% reduction in GP contact times in the 12 months following intervention compared to the previous 12 months (Bristol Wellspring Project; Kimberlee R. 2016)

Reductions in A&E attendance and non-elective admissions has also been shown through evaluation of other projects:

- 25% reduction in A&E attendance in the social prescribing group, with a 66% increase in A&E attendance by the control group. (City and Hackney Clinical Commissioning Group & University of East London 2014)
- 17% reduction in A&E attendance and 7% reduction in non-elective in patient stays were reported in the 12 months post intervention compared to the 12 months before it from the most recent evaluation report from the Rotherham Social Prescribing Service (Dayson C. & Bennett E. 2016)

A&E activity for North Staffs and Stoke on Trent for the period 01/05/17 – 30/04/18 was 133,412 attendances for the total population

A 17% reduction would be 22,680 attendances, this would need to be refined for the cohort identified for the social prescribing project

Whilst evidence is not available to substantiate, there is an expectation that there would be a reduction in prescriptions for medications such as anti-depressants if support is made available through financial management, citizens advice, mental health and wellbeing services and social isolation support, as these will impact on the mental health of the individuals.

Non elective (NEL) activity has been shown to reduce in projects already in place with a range from 6% - 30% reductions. Using the NEL activity cost for North Staffordshire and Stoke on Trent 2016/17, the following potential reductions could be made through social prescribing. The caveat is that this includes whole population and the cohort for the local scheme is not yet agreed and this would have to be taken into consideration before actual savings targets could be put against the scheme.

| | All ages | Under 25years | 25-64 years | 65+years |
|----------------------|-----------------|----------------------|--------------------|-----------------|
| Stoke | £28,231,155 | £2,283,714 | £6,400,366 | £19,547,074 |
| North Staffs | £21,114,043 | £1,280,221 | £3,506,750 | £16,327,072 |
| Total | £49,345,198 | £3,563,935 | £9,907,116 | £35,874,146 |
| 30% reduction | £14,803,559 | £1,069,180 | £2,972,134 | £10,762,243 |
| 6% reduction | £2,960,711 | £ 213,836 | £ 594,426 | £2,152,448 |

6.3 Return on investment

Evaluation of projects across the country have shown that there is a return on investment and this varies between projects.

Rotherham identified £0.43 per £1.00 invested

A study by Westminster University identified that return on investment ranged from £0.11 - £0.43 per £1.00 invested.

If this project invests £500,000, based on the above an assumption can be made that return would be in the region of £55,000 - £215,000

7.0 Investment Requested for Implementation of the Project

Overall investment of £500,000

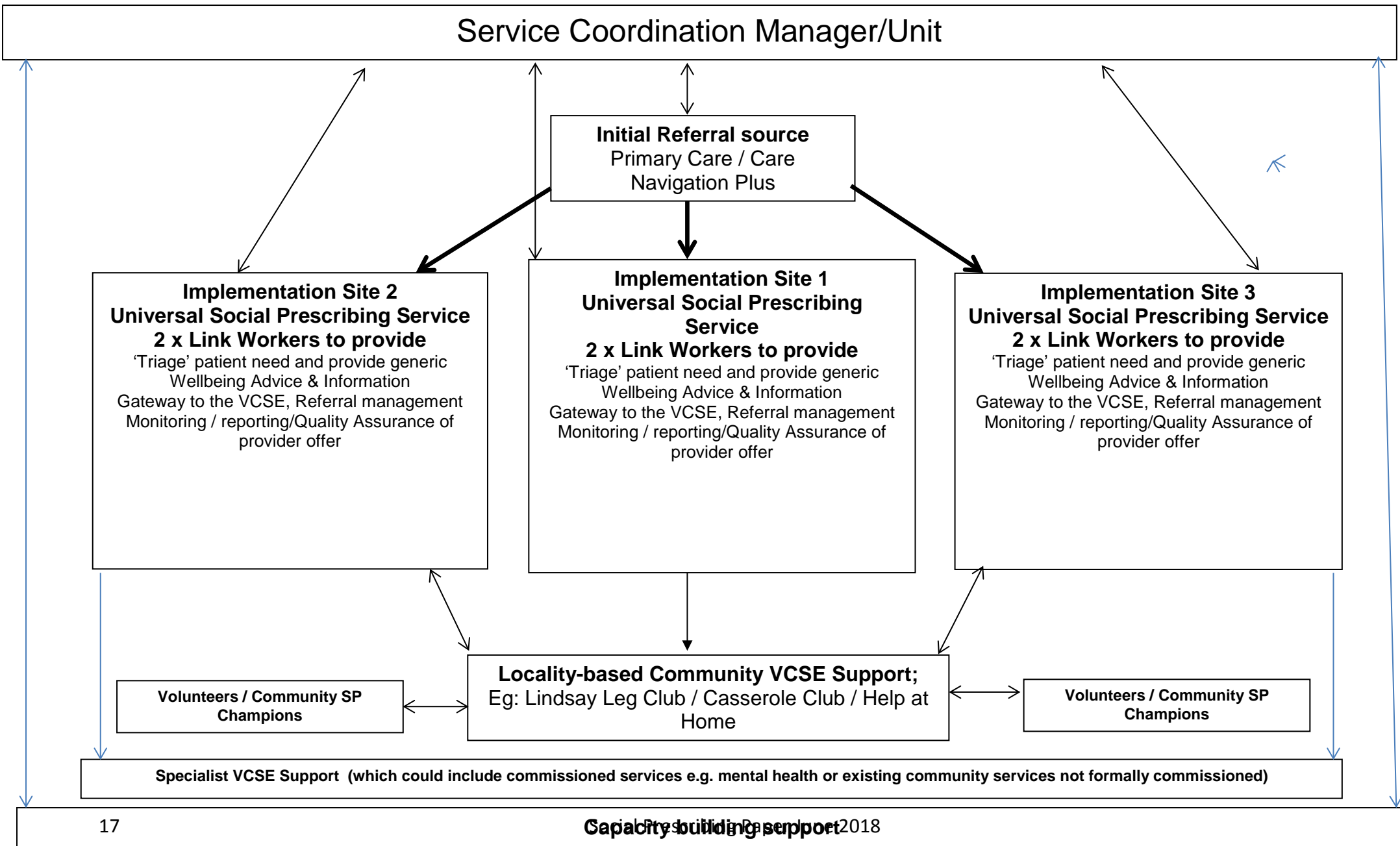
| | |
|-------------|----------|
| Staffing | £455,300 |
| IT/Phones | £ 8,000 |
| Evaluation | £ 30,000 |
| Recruitment | £ 500 |
| | £493,800 |

The remaining £6,200 is requested to support training for staff if required and for services that may require some initial support to enable them to link in with the social prescribing project. This may include provision of transport to enable an individual to access the service, the provision of tea and coffee to allow a wider attendance at services

If funding is provided over the two financial years in two 6 month phases of £250,000 each:

| | Phase 1 September 2018 | Phase 2 April 2019 |
|-------------|------------------------|--------------------|
| Staffing | £227,650 | £227,650 |
| IT/Phones | £4,000 | £4,000 |
| Evaluation | £15,000 | £15,000 |
| Recruitment | £250 | £250 |
| total | £246,900 | £246,900 |

Stoke on Trent and North Staffordshire Social Prescribing Model



Job Description
Social Prescribing Link Worker

| | |
|---------------------|--|
| Title of Post: | Social Prescribing Link Worker (Universal) |
| Reporting to: | |
| Salary Scale: | |
| Benefits: | |
| Location: | |
| Hours of Work: | |
| Special Conditions: | |

Purpose of Role

- a. To improve the health and wellbeing of people in the local community through 1-2-1 engagement with service users referred to or identified within the overall Social Prescribing Service.
- b. To provide access and information about Voluntary Organisations and Community Groups (VCS) and the services they provide to health professionals.
- c. To facilitate referrals from Primary Care and other Multidisciplinary professionals to VCS Organisations providing clinicians with easy access to information about community services that can support their patients in the community.
- d. To identify and communicate gaps in service provision to help inform commissioning intentions and stimulate the VCS market around potential opportunities to develop services to fill gaps.

Job Role

Enabling access to local services:

- a. Liaise with local VCS and community services within the locality to map current service provision and maintain accurate records as service provision evolves.
- b. Ensure current and accurate records of services and community activity is maintained on the CRM database.
- c. Build relationships with health and care professionals within the locality to facilitate a smooth referral process into the Social Prescribing service.
- d. Provide one to one support to patients referred into the Social Prescribing service through a guided conversation to identify patient assets and needs and assess current wellbeing on the WHO-5 scale.
- e. Explain the range of options and with agreed consent, make onward referrals into appropriate services and community activity.
- f. Conduct follow up calls to ensure onward support has been accessed or identify outstanding support needs. Where required support volunteers to buddy with patients to enable the take up of 'prescribed' services with confidence.
- g. In complex referral cases conduct joint assessments with referring professionals.

Job Description
Social Prescribing Link Worker

- h. Establish strong links with the team of Social Prescribing Link Workers in North Staffordshire to provide a consistent service and contribute to the wider aims and objectives of the service.

Record keeping and project evaluation:

- a. Keep accurate and up to date records of client contact on CRM database.
- b. Conduct a further follow up to re-evaluate the WHO-5 scale.
- c. Record and collate information, including case studies, to demonstrate the impact of the service.
- d. Assist the Line Manager in preparing quarterly monitoring reports outlining progress of the work and identifying key issues.

General Requirements

- a. Introduce best practice already being developed locally.
- b. Participate in training and information briefings and undertake such personal training as may be required to keep up to date and fulfill the requirements identified for this job role.
- c. Attend regular supervision sessions and staff meetings.
- d. Carry out occasional other duties as may be reasonably required to develop the aims of the project.
- e. Work in accordance with (organisation's) policies and procedures and have a collaborative and flexible approach to work.

Equal Opportunities

(Organisation) is committed to equal opportunities, anti discrimination and anti oppressive policy or practice. No one we have contact with may be discriminated against either directly or indirectly on the grounds of gender, race, nationality, ethnicity, religion, marital status, sexual orientation, age or impairment. This policy applies to job applicants, employees, volunteers and service users.

Notes

- a. All jobs are subject to change from time to time and this job description will be reviewed regularly.
- b. The job description is a guide to the work that you will be required to undertake and represents a range of responsibilities in line with the grade for the post.
- c. This post is subject to a 6 month probationary period.

Job Description
Social Prescribing Link Worker
Person Specification

| | | Essential | Desirable |
|----------------------|--|-----------|-----------|
| Qualifications | Health, social care or information and advice accredited qualification | | X |
| Experience | At least 1 years' experience of working in voluntary sector, health, or social care in direct contact with people, families and carers in a paid or voluntary capacity | X | |
| | Experience of working with multi professional people across health, social care and the voluntary sector. | x | |
| | Experience of person-centred planning | | x |
| | Experience of working with volunteers | | X |
| Skills and Knowledge | Computer literate, able to use email, the internet and web searches as standard applications and databases | x | |
| | Excellent communication skills, both verbal and written; able to provide reports as required | x | |
| | Ability to collect data efficiently in order to provide statistical evidence for analysis | x | |
| | Can demonstrate an approach to gaining knowledge of local services | x | |
| | Good knowledge and understanding of policy and practice in Adult Social Care and Health. | | x |
| | Understanding of motivation and behaviour change methods. | | x |
| Personal attributes | Professional and compassionate outlook, able to be supportive while being clear on boundaries. | x | |
| | Flexibility, stamina and a willingness to work across organisational boundaries and agencies including GP surgeries, voluntary and statutory organisations | x | |
| | Tactful and diplomatic, able to build relationships with people from a wide range of backgrounds | x | |
| General | Highly personable and able to relate to a wide range of people | X | |
| | Ability to travel across across North Staffordshire to community venues | X | |
| | Willing to train and undertake training | X | |
| | Willing to work flexibly and occasional evenings with notice | X | |

Public Paper

| | |
|-------------------|-----|
| Enclosure: | 7.2 |
|-------------------|-----|

| | |
|------------------|---|
| Report to | Meeting in Common of the North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees |
|------------------|---|

| | |
|--------------|-------------------------------|
| Title | BMJ Marketing Campaign Update |
|--------------|-------------------------------|

| | |
|---------------------|---------------------------|
| Meeting Date | 3 rd July 2018 |
|---------------------|---------------------------|

| | |
|-------------------------|--|
| Sponsor Director | Lynn Millar, CCGs' Director of Primary Care and Medicines Optimisation |
|-------------------------|--|

| | | | | | | |
|------------------------|-----------------|--|-------------------|--|------------------------|---|
| Action required | Decision | | Discussion | | For Information | X |
|------------------------|-----------------|--|-------------------|--|------------------------|---|

| Purpose of the paper, key issues, points and recommendations | |
|---|-------------------------|
| The paper provides an update on the progress with the BMJ Marketing Campaign | |
| The Committee is asked to: | |
| <ul style="list-style-type: none"> Note the content of the report | |
| Which other CCG committee and/or Group has considered this report | |
| <u>Committee/Group</u> | <u>Other agreements</u> |
| N/A | |

| Summary of risks relating to the proposal |
|---|
| |

| Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications |
|--|
| Social Prescribing are within the Ten High Impact Actions of the General Practice Forward View |

| Strategic objectives supported by this paper | | | |
|--|-------------------------------|-----|----|
| Our shared Goals: | | Yes | No |
| 1. | Empowered Staff | X | |
| 2. | Commissioning Health Outcomes | | x |
| 3. | Seamless Partnerships | X | |
| 4. | Responsible Use of Resources | X | |

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

| Key Requirements: | | Yes | No |
|-------------------|--|-----|----|
| 1. | Has a Quality Impact Assessment been completed? | | X |
| 2. | Has an Equality Impact Assessment been completed? | | X |
| 3. | Has Engagement activity taken place with Stakeholders/Practice/Public and Patients | X | |

| Acronyms |
|----------|
| |

Update on the BMJ Marketing Campaign in

North Staffordshire and Stoke on Trent to support Recruitment and Retention

1.0 Introduction

Funding was agreed by PCCC to develop and run a marketing campaign with the BMJ to improve recruitment and retention in North Staffordshire and Stoke on Trent.

Work has been ongoing to agree the package and develop the marketing campaign. This has involved personnel from the CCG, LMC and the GP Federation.

2.0 The BMJ Offer

12 Month Maximising Package

1 x **full page** full colour print advert – BMJ GP and Clinical Research editions per month

Online Listing – 12 months

Custom HTML listing

Top Job – 12 months

Leader board banner – 40k impressions per month

Button – 40k impressions per month

Minisite

Video – multi location package

Homepage MPU – 10k impressions per month

BMJ Careers Fair – branded 3m x 3m stand and ½ page full colour advert in the event guide (October 2018)

Discount package available to all GP practices

3.0 Campaign Benefits

Digital advertising reaches 178,756 active jobseekers each month

GP and Clinical Research (Hospital) print editions reach a combined audience of 119,124 each week – maximise your audience

Custom HTML Job takes the concept of an Enhanced Listing but opens up the template to a bespoke design.

Leaderboard banner, Button and MPU are online clickable inventory used to drive a relevant audience of GPs to your minisite

Hosted on bmjcareers.com the **minisite** is a great way to showcase North Staffordshire as a great place to live and work and will also list all live jobs from your practices currently advertising with BMJ

Create a **video** to promote North Staffordshire – 2 day shoot at 2 locations including interview, local environment, film crew and all equipment

Practices will be eligible for a discounted print and online package

A branded stand at the **Careers Fair** will give you the opportunity to meet up to 2,000 job seeking doctors face to face. You will also have a half page advert in the event guide

4.0 Update on Progress

The concept artwork is due with the CCG 4th July for finalizing.

Currently working with the GP Federation to recruit GPs and practices to take part in the video.

BMJ staff have completed work with local authorities in Northern Staffordshire to gain information about the area and surrounding areas which will be included in the promotion to highlight Staffordshire as a positive place to live and work

Waiting dates from BMJ to complete the video shoot

Developing the wording for the advertisements and campaign with support from LMC and GP Federation.

Once the above are complete the campaign will be ready to launch. Expected Mid to end of July at the latest for a twelve month period.

Developing a communication to go out to general practice to inform them of the package available to advertise in the BMJ using the campaign. The practices receive a reduced rate for using the BMJ and we are currently scoping the number of practices that are interested in utilizing the offer.

The next BMJ Careers Event is October 2018 and there will be the opportunity to have a stand and attend to meet potential doctors face to face and showcase the area and the vacancies on offer.

Public Paper

| | |
|-------------------|-----|
| Enclosure: | 7.3 |
|-------------------|-----|

| | |
|------------------|---|
| Report to | Meeting in Common of North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees |
|------------------|---|

| | |
|--------------|----------------------------------|
| Title | GP Forward View Highlight Report |
|--------------|----------------------------------|

| | |
|---------------------|-----------------------------------|
| Meeting Date | Tuesday 3 rd July 2018 |
|---------------------|-----------------------------------|

| | |
|-------------------------|--|
| Sponsor Director | Lynn Millar, Director of Primary Care and Medicines Optimisation |
|-------------------------|--|

| | | | | | |
|------------------------|-----------------|---|-------------------|--------------------------------------|--|
| Action required | Decision | x | Discussion | For assurance/For Information | |
|------------------------|-----------------|---|-------------------|--------------------------------------|--|

Purpose of the paper, key issues, points and recommendations

The report sets out priorities for action in the next period and any new / carried forward risks or issues identified requiring attention of the relevant governance group(s).

The report covers the following areas:

- i.* Access
- ii.* Workload (including Resilience Funding)
- iii.* Workforce (including Practice Managers Funding)
- iv.* Nursing Framework including Nurse Recruitment and Retention
- v.* Infrastructure (including Estates and Technology Transformation Fund (ETTF) and Digital)
- vi.* Models of Care

The Primary Care Commissioning Committees Meeting in Common is asked to note:

- I.* Progress, current activity and future activity in relation to the GP Forward View.
- II.* Issues, risks and mitigations identified.

Which other CCG committee and/or Group has considered this report

| | |
|-------------------------------|-------------------------|
| <u>Committee/Group</u> N/A | <u>Other agreements</u> |
|-------------------------------|-------------------------|

Summary of risks relating to the proposal

| |
|-------------------------|
| Detailed within report. |
|-------------------------|

Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

| |
|-------------------------|
| Detailed within report. |
|-------------------------|

Strategic objectives supported by this paper

| | | |
|--------------------------|-----|----|
| Our shared Goals: | Yes | No |
|--------------------------|-----|----|

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

| | | | |
|----|-------------------------------|---|--|
| 1. | Empowered Staff | x | |
| 2. | Commissioning Health Outcomes | x | |
| 3. | Seamless Partnerships | x | |
| 4. | Responsible Use of Resources | x | |

| Key Requirements: | | Yes | No |
|-------------------|--|-----|-----|
| 1. | Has a Quality Impact Assessment been completed? | | N/A |
| 2. | Has an Equality Impact Assessment been completed? | | N/A |
| 3. | Has Engagement activity taken place with Stakeholders/Practice/Public and Patients | | N/A |

| Acronyms | |
|----------|--|
| | |

GPFV Highlight Report – Staffordshire



Purpose of this Report Bundle

This report bundle provides a concise update on the overall position of each work stream and specific progress made in the last period. It sets out priorities for action in the next period and any new risks or issues identified and requiring the attention of the TP governance group(s). The bundle includes individual papers as follows:

| | | |
|----|--|---|
| 1. | Access | Mel Mahon & Victoria Oxford |
| 2. | Workload including Resilience Funding | Sarah Jeffery / Nicola Austerberry |
| 3. | Workload including Practice Manager funding | Rebecca Woods / Julie Downie |
| | Nursing including nurse recruitment and | Lynn Millar / Tracey Cox |
| 4. | Workload including IT and Technology Transformation Funding including Digital | Andy Hadley / Phil Brenner / Laura Wadlow / David |
| 5. | Model of Care | Lynn Millar / Sarah Jeffery |

Cannock Chase Clinical Commissioning Group
East Staffordshire Clinical Commissioning Group
North Staffordshire Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group

| Risk Scoring Key | |
|--------------------|---|
| Probability | |
| 1. Rare | The event may only occur in exceptional circumstances (<1%) |
| 2. Unlikely | The event could occur at some time (1-5%) |
| 3. Possible | Reasonable chance of occurring at some time (6-20%) |
| 4. Likely | The event will occur in most circumstances (21-50%) |
| 5. Almost certain | More likely to occur than not (>50%) |
| Impact | |
| 1. Insignificant | No impact on GPFV outcomes, insignificant cost or financial loss, no media interest |
| 2. Minor | Limited impact on GPFV, moderate financial loss, potential local short-term media interest |
| 3. Moderate | Moderate impact on GPFV outcomes, moderate loss of reputation, moderate business interruption, high financial loss, potential local long-term media interest |
| 4. Major | Significant impact on GPFV, major loss of reputation, major business interruption, major financial loss, potential national media interest |
| 5. Severe | Severe impact on patient outcomes, far reaching environmental implications, permanent loss of service or facility, catastrophic loss of reputation, multiple claims, parliamentary questions, prosecutions, highly significant financial loss |

| | | | | | | |
|---------------|---|--------------------|----|----|----|----|
| IMPACT | 5 | 5 | 10 | 15 | 20 | 25 |
| | 4 | 4 | 8 | 12 | 16 | 20 |
| | 3 | 3 | 6 | 9 | 12 | 15 |
| | 2 | 2 | 4 | 6 | 8 | 10 |
| | 1 | 1 | 2 | 3 | 4 | 5 |
| | | 1 | 2 | 3 | 4 | 5 |
| | | Probability | | | | |

| Progress Status Key | | |
|---------------------|--|-----------------|
| On schedule | Behind schedule with mitigating actions in place | Behind schedule |

| Abbreviation Key | | | |
|------------------|--|--|--|
| GPFV | General Practice Forward View | | |
| STP | Sustainability and Transformation Plan | | |
| PM | Practice Manager | | |
| ETTF | Estates and Technology Transformation Fund | | |
| DCO | Director of Commissioning Organisation | | |
| CEPN | Community Education Provider Network | | |
| SRO | Senior Responsible Officer | | |

| | | | |
|--|---|-------------------------------|-------------------------------------|
| Work Stream | Extended Primary Care Access | Month covered | June 2018 |
| Author | Mel Mahon | Status | Green |
| | | Impact if Not Achieved | |
| Summary status: | | | |
| <ul style="list-style-type: none"> - The engagement process with providers started on the 18th May - Between 18th May and the 2nd July practices will be forming federations and developing proposals to submit to the CCG to demonstrate delivery against the service specification - The APMS contract is being drafted by the legal team and full quality and information requirements have been drafted. - A non-conflicted assurance panel will meet on the 9th July to review the proposals - Papers will be taken to the Governing Body to approve the award to the identified providers by 3rd August. - IMT lead is working with providers to identify and secure the IM&T solutions where required prior to the go live date. - Go live is schedule for 1st September <p>Currently 2 Prime Minister Challenge Funded pilots offering extended access in various models and approaches in Cannock and Stafford. Stafford is now at 100% coverage until the end of September.</p> | | | |
| Activities and updates from the last period | | | |
| <ol style="list-style-type: none"> 1. Arrange internal checkpoint meetings weekly – Completed 2. Arrange a date for the non-conflicted panel meeting in June – Complete – scheduled for 9th July 2018 3. Arrange a planning meeting for the non-conflicted panel in late May / early June – Will be done virtually 4. Confirm the final engagement pack to go out with the specification – Complete and went out on 18th May 5. Develop webspace to host materials – Complete 6. Publish engagement materials onto webspace – Complete and went to all GPs on 18th May 7. Arrange checkpoint meetings with providers throughout engagement stage - Complete 8. Confirmation from NHS England regarding funding gap – Received 15th June 2018 9. Engagement with Providers against draft specification - This is currently in progress and providers have until 2nd July to submit the plans | | | |
| Actions planned for next period | | | |
| <ol style="list-style-type: none"> 1. Proposals to be submitted to CCG by 2nd July 2. Non-Conflicted Assurance Panel meeting to review proposals – 9th July 3. Ratification by GB and Primary Care Commissioning Committee – all 3 Boards will have met by 7th August 4. Mobilisation will take place following the decision by the assurance panel 5. Communications plan post award to be developed 6. Funding allocations confirmed with providers – from NHSE allocation 7. APMS contract confirmed with legal team and shared with providers | | | |
| Recommendations for the relevant governance group(s) | | | |
| New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks? | | | |
| No. | New risk / issue | Risk rating | Mitigation support requested |
| 1 | If elements of the earlier implementation (such as expansion of current pilots) | | |

| | | | |
|---|--|----|--|
| | and working towards the 7 core requirements could not be progressed there will be a lot more to do towards the end of the project timeline | | |
| 2 | Ensuring the decision made on the commissioning route by The Governing Bodies is informed by Procurement Team, CCG internal Governance Committees and Legal Advice. | 12 | A commissioning options paper was developed with support from the Commissioning Support unit (CSU) Procurement Team, and was presented to the North Staffordshire procurement panel, North, South and East Staffordshire CCG internal Governance Committees in order for those groups to review and make their individual recommendations on the commissioning route. A commissioning options paper with a recommendation for a commissioning route together with a legal framework paper was presented by the Executive Director of Primary Care (as SRO for this programme) and the legal team to each Governing Body for their individual decision on the commissioning route |
| 3 | The ONS weighting formula for financial allocations used by NHS England is less than the raw practice population figures and the capitated weighted population figures used by the CCG. As a result, the ONS weighting formula used would not provide the £3.34 and £6 a head of practice population funding initially proposed by NHS England. This would produce a funding shortfall | 6 | A letter has now been received from NHSE 15 th June 2018 confirming the allocations which will close the gap between weighted and ONS list sizes. A template needs to be completed by the CCG and returned by 22 nd June to secure this funding |
| 4 | GP Workforce remains a significant risk across the whole of Staffordshire with particular issues around recruitment and retention within Stoke on Trent and parts of North Staffordshire. | 12 | Links have been established with the Workforce programme and its initiatives for recruitment and retention. Extended access and workforce as programmes within the GP Forward view are both discussed at NHS England checkpoint meetings which is the main forum to discuss the interdependency that extended access has on the workforce programme and in order to receive updates on initiatives for recruitment and retention. |
| 5 | There are Information technology requirements for delivering extended access at scale, remotely and out of hours, specifically interoperability and systems integrating together. There is a risk that national solutions will not be available to support developments locally | 12 | Digital Lead has been asked to develop an options paper regards how to move forward and also to review the specification in terms of requirements for extended access at scale. Urgent care team Colleagues have been asked to review extended access interoperability with NHS 111. They have been asked to identify the requirements from where NHS 111 is now to the full integration and if possible booking appointments |
| 6 | There is a risk that providers do not fulfil the requirements in order to be recommended for direct award. If this occurs, there will be a need to go out to procurement to ensure there is population coverage for extended access | 12 | <ul style="list-style-type: none"> • A clear communication and engagement strategy will be developed and implemented in early May. • Engagement sessions will be planned and coordinated with potential providers • The specification together with the proforma and criteria / requirements and timeframes to be shared in early may • Support will be available to answer questions and |

| | | | |
|---|--|----|---|
| | | | <p>identify early concerns during May and June</p> <ul style="list-style-type: none"> • Adequate time will be made available for providers to complete their proposals by mid-June |
| 7 | <p>Lack of Senior level managerial and organisational leads to undertake the individual programmes of work within each CCG post April 2018 (EAST) 11 May (SOUTH). There are currently two interim management consultants working on this programme, the East Programme lead finishes 27th April and the South Programme lead, who has also been acting as key coordinator across Staffordshire leaves on 11th May. The current Management of Change process is not scheduled to be concluded by at least the 31st May meaning that there will be a significant gap in senior level leadership and managerial input for this programme which will cause the programme to stop. Making the lack of resource a show stopper for this programme.</p> | | <p>RISK NOW CLOSED DUE RECRUITMENT OF HEAD OF PRIMARY CARE COMMISSIONING IN POST</p> |
| 8 | <p>The current management of change process is seriously impacting upon programme delivery. The process is taking capacity of key individuals who are not able to attend the steering and task and finish groups or provide regular 1-1 supervision. This is resulting in programme manager's inability to discuss key programme areas and receive information required on key decisions required to progress the programme. This is resulting in a slippage of programme milestones and a risk to successful programme delivery.</p> | 20 | <p>Discuss and Review current risk and impact at April task and finish group (11th) and steering group (18th) meetings. Continue to attempt to secure key individuals' involvement and decisions on programme areas via email and with support of PAs and EAs in the absence of 1-1 meetings and individuals attendance at meetings</p> |
| 9 | <p>Possible increases in prescribing costs and outpatient referrals as a result of increased access to GPs through the extended access scheme</p> | 12 | <p>To be reviewed in the early phases of implementation to understand any potential impact and any management / mitigation requirements</p> |

| | | | |
|------------------------|---------------------------------------|-------------------------------|--------------|
| Work Stream | Workload including Resilience Funding | Month covered | June 2018 |
| Author | Sarah Jeffery / Nicola Austerberry | Status | Green |
| | | Impact if Not Achieved | |
| Summary status: | | | |

Active Signposting:

- In North Staffordshire, 485 receptionists have been trained in Care Navigation.
- Care Navigation has saved 1,843 GP hours in 6 months across participating practices in North Staffordshire and Stoke-on-Trent.
- The most successful practices have:
 - a GP telephone message in place,
 - accessed the online training package for all reception staff,
 - released reception staff to attend the provider workshops,
 - utilised the bespoke customer care training.
 - Some practices in the first phase are more confident in internal signposting whilst others are embracing the external providers straight away.
- Cannock Town & Villages localities launched active signposting on 1st November 2017, this includes 12 practices. In readiness for this launch, up to 125 Practice Staff Members have undertaken active signposting training to help signpost patients and carers to the right care first time. A workshop took place in May 2018 to reflect on progress, share learning and further embed in practices. It is identified that 6 practices are not yet fully implemented or recording on EMIS and ongoing support is being provided to these practices. Additional areas for future signposting are being considered. Care navigation has saved 518 GP hours in 6 months across Cannock Town and Villages.
- Rugeley locality has implemented active signposting across the 4 practices. Currently signposting is not yet recorded on EMIS.
- All Stafford & Surrounds practices have now implemented active signposting (with the last 2 localities implementing early May 2018). Currently signposting is not yet recorded on EMIS.
- Seisdon Peninsula Locality practices are currently considering their preferred approach in terms of taking forward active signposting.
- South East Staffordshire Localities have chosen their preferred active signposting provider and are now entering the design and planning stage.
- East Staffordshire CCG has commissioned a series of training events between April and June 2018. Roll out to commence following the final session.

Brighton and Hove Workflow Optimisation:

- In North Staffordshire and Stoke-on-Trent, 46/77 practices have received workflow optimisation training to release GP capacity
- Awaiting further information about the online learning approach to enable further practices to participate
- In South Staffordshire, 9 training sessions have taken place so far on workflow optimisation, which have been centrally organised. Discussions are ongoing with the training provider on e-learning places in order to ensure opportunities are available for all practices to undertake workflow optimisation training. Remaining places and scheduling to be jointly considered. Localities are considering the opportunity to hold further workflow optimisation training, with additional training being arranged in the Stone & Eccleshall locality.
- To date, 75 South Staffordshire Practice Staff Members have been trained on workflow optimisation across 51 practices, with the opportunity to cascade the training once they have been signed-off from a practice perspective, where possible.
- In East Staffordshire 5 practices have had HERE training during 2017/19. The CCG will be looking to train a further 6 practices in quarter 1 of 2018/19. 7 practices have advised that they do not wish to participate in HERE training.
- Evaluation of the impact of the training undertaken to date to be planned, with opportunities to align evaluation activities across CCGs to be explored.

PGP Quickstart Programme

- 21 practices have completed the Quickstart programme in North staffs and Stoke on Trent
- Further funding is available in October and bid is being made for a further 9 practices to take up the programme training
- Work is ongoing to complete evaluation and develop a repository of resources to maintain practices and support other practices.

Resilience Funding:

- DCO North Midlands 2016/17 Outcomes Report has been produced.
- Across the STP, 38 practices have been supported across all CCGs.
- Deep dive on resilience funding to be completed.
- Case studies to be produced by practices on the use and impact of resilience funding for 2017/18.
- PMO to advise the CCGs and practices on the emerging national approach.
- 2018/19 resilience funding is now available and expressions of interest have been sought across Staffordshire by 1st June for North Midlands panel consideration in mid-June.

Time to care Programme:

- 2 South and East Staffordshire showcase events are being arranged for approximately July 2018 in collaboration with NHSE Time to Care Programme team, the CCG and the LMC. This will be to celebrate what has currently been delivered in terms of the 10 high impact actions in South and East Staffordshire, to share learning and to establish what support is available to practices in implementing the 10 high impact actions.

Quality Improvement Facilitator

In North Staffs and Stoke, recruitment is underway for a quality Improvement Facilitator working with the LMC and GP Federation. This role will support the co-ordination of the learning from the resilience training programmes. It is anticipated that interviews will take place at the end of June 2018.

Activities and updates from the last period

1. Ongoing roll out of active signposting in Stafford & Surrounds CCG and Cannock Chase CCG practices.
2. Discussions are ongoing within South East Staffordshire & Seisdon Peninsula CCG practices on taking forward active signposting and workflow optimisation.
3. Continued roll out of navigation training and Brighton and Hove model
4. Discussions are ongoing with HERE on remaining workflow optimisation e-learning training places in the South and East
5. 11 Practices across North Staffordshire and Stoke-on-Trent are continuing the PGP Quickstart Programme due to complete in March 2018.
6. Work is ongoing to complete evaluation and develop a repository of resources for the PGP Quickstart Programme. This continues into the next period.
7. DCO North Midlands 2016/17 Outcomes Report has been produced
8. East Staffordshire active signposting events have now concluded.
9. 2 Showcase events are being planned for South and East Staffordshire relating to the Time to Care Programme (estimated to take place July 2018)
10. In North Staffs:
 - Each live practice has now received a data report and this will continue on a quarterly basis.
 - The data supports that patients are engaging with the principle of active signposting.
 - There have been four sessions of bespoke customer care skills on Care Navigation. These were accessed by 10 practices aimed at improving the confidence of navigators and were well received. This could be offered again if there is the interest.
 - A Community Pharmacist is facilitating the links between the live practices and their local Pharmacy First schemes.
 - The scheme is part of a National Evaluation study.

Actions planned for next period

1. Dashboard is being finalised in North Staffordshire and Stoke on Trent to monitor evaluate the progress of Care Navigation.
2. Link with practices recently implementing active signposting to discuss the EMIS template to support recording on the clinical system and understand initial feedback on roll out.
3. Remaining South Staffordshire localities to consider training options.
4. The offer of HERE Unbound e-learning remaining training spaces for South CCG practices to be agreed and the steps for arranging any further East Staffordshire CCG practice training to be agreed.
5. Explore opportunities to evaluate workflow optimisation training undertaken to date – ongoing.
6. Relevant practices to continue PGP Quickstart Programme.
7. Evaluation and repository of resources development for PGP Quickstart Programme ongoing.
8. Deep dive and case studies collation in relation to the use of resilience funding to commence.
9. 2 Showcase events to be planned for South and East Staffordshire relating to the Time to Care Programme (estimated to take place July 2018)

Recommendations for the relevant governance group(s)

- 1.

| New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks? | | | |
|---|------------------|-------------|------------------------------|
| No. | New risk / issue | Risk rating | Mitigation support requested |
| 1. | | | |

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|---|--|-------------------------------|--------------|
| Work Stream | Workforce including Practice Manager funding | Month covered | June 2018 |
| Author | Rebecca Woods / Julie Downie | Status | Amber |
| | | Impact if Not Achieved | |
| Summary status: | | | |
| <p>GP practices and localities in our three CCG's have started to embrace new workforce models. Cannock town have piloted a number of roles in primary care and are currently measuring the impact. Examples include a primary care based Musculoskeletal specialist. Trials of well-being workers have been ongoing who support patients who do not necessarily have a medical need but frequently attend general practice. A number of practices are jointly working together to employ clinical pharmacists offering support on medication reviews, reviewing safety, and ensuring optimum support to patients on regular medication. Three localities have recruited Physicians Associates a new role to general practice. These roles are due to start imminently and then will be measured/evaluated. One locality has recruited an Urgent Care Practitioner to see patients who need home visits or are in need of urgent on the day appointments. Important to note: urgent care practitioner and physicians associates are GP supervised roles.</p> <p>Refreshed Workforce Plan submitted on schedule, to date no feedback has been received.</p> <p>Practice manager development funding: Staffordshire training hub are leading on implementing a Staffordshire wide plan for 17/18 funding including training and development, coaching and mentoring and networking events. The plan has been formulated by the CCG, NHSE, practice manager colleagues, LMCs and the Staffordshire Training Hub.</p> | | | |
| Activities and updates from the last period | | | |

International Recruitment (IR):- Third IR bid was submitted for an additional 12 recruitments on the 28th February 2018, results of the bid still pending. Task to Finish Group has now been established.

- Staffordshire allocation of International Recruits is now confirmed as 45.
- Staffordshire Training Hub received 20 expressions of interest to date.
- MEDACS Recruitment Agency appointed to oversee International Recruitment process.
- GP IR Project Officer and Administrator now in post, GPIR Project Manager scheduled to start as soon as possible.
- Staffordshire identified as a wave 2 site, recruitment programme to start in July 2018.
- Delivery of the programme to be closely monitored operationally through the training hub and assurance through the monthly GPFV Checkpoint meetings.
- Significant risks identified, for the success of this programme, co-ordinated and managed through the Regional Workforce 2020 meetings.
- Local strategy to achieve maximum possible benefit from the programme but to mitigate the risks by continually working with practices to develop multi-disciplinary team working.

GP Retention:- North Staffs GP Federation successful in becoming one of the 11 national GP Career Plus Pilot sites.

- Advised further allocation of funding to be distributed, but no clarification of actual figures given at present, figures scheduled to be released by the end of June 2018.
- GP Retention Funding allocation incorporating new schemes to be submitted by 25th June 2018.
- GP Retention scheme has been advertised twice with no uptake.
- Scoping exercise is being undertaken to collate drivers making GPs leave and gain ideas as to what would make them stay.
- Anticipated funding to bid against to implement and learn from the findings of the scoping exercise.
- On-going work with the Staffordshire Training Hub to submit bids and co-ordinate activities around this scheme.

Physicians Associates:- Additional 10 PA's to be appointed in Cohort 3, commencement in June and September 2018.

- Proposal submitted to the RCGP for Vimeo from the Primary Care Perspective.
- Confirmation of no Advanced PA's due to lack of applicants.

Clinical Pharmacists:- Wolverhampton Road Surgery, no Clinical Pharmacist recruited to date.

- Three bids received for the Phase 2 Wave 5 submission deadline of Friday 13th April 2018, all under the 30,000 population count.
- Snr Clinical Pharmacist/Ambassador anticipated start date 3rd July 2018.
- Phase 2 Wave 6 Bid submission deadline 20th July 2018. Email sent to all Practice Manager's reminding them of the deadline date.

Practice Management:- GPFV money allocated to CCGs for Practice Management Development on going. Pilot site of two GP practices established for Data Quality Workforce Single Tool submission.

Training arranged for collection of Data from HEE for GP's and Practice Managers scheduled for 5th June 2018. Staffordshire Training Hub to implement plan for Practice Manager Development funding for 17/18 in conjunction with the CCG, NHSE and LMCs.

GP Medical Assistants:- Meeting with Joe Ryan and Sarah Laing regarding developing a new apprentice role and develop a specific job description. There is a levy of 90% training funded to General Practice. Further development around this project.

Local Nurse Redeployment:- Ongoing work around nurse redeployment into General Practice.

- 11 candidates interested in up taking the scheme.
- Matching of Nurses with prospective practices scheduled for 14th June 2018.

GPN Ten Point Plan:- GPN Ten Point Action Plans now received for each STP area, regular workshops have been organised to discuss actions, share information and good practice.

Actions planned for next period

Continue with recruitment process for clinical pharmacists and GP retainer scheme.

A draft workforce strategy has been developed for Staffordshire and partially assured by NHSE

A deep dive of the workforce plan is scheduled for submission on the 5th July 2018.

Recommendations for the relevant governance group(s)

1.

New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks?

| No. | New risk / issue | Risk rating | Mitigation support requested |
|-----|---|-------------|------------------------------|
| 1 | Inability to recruit to new workforce model continues to be ongoing risk. | | |

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| Work Stream | Nursing Framework including nurse recruitment and retention | Month covered | June 2018 |
| Author | Lynn Millar / Tracey Cox | Status | Amber |
| | | Impact if Not Achieved | Amber |
| Summary status: | | | |
| Draft Staffordshire wide implementation and delivery plan submitted to NHS England on 14 th March in relation to the GPN 10 point plan. This includes key deliverables and milestones with appropriate leads and timescales. The plan was jointly developed by CCG Primary Care and Quality and had significant contribution/input from the Staffordshire Training Hub (formally CEPN) and nurse facilitators | | | |
| Activities and updates from the last period | | | |
| <ol style="list-style-type: none"> 1. Draft Staffordshire wide GPN implementation and delivery plan submitted to NHS England for review. 2. Developing a locality based model for implementation of the GPFV 3. Good progress being made on the use of IT to support Primary Care 4. Feedback received and working towards milestones and deliverables | | | |
| Actions planned for next period | | | |
| <ol style="list-style-type: none"> 1. Regular follow up meeting being arranged by NHS England following the last workshop held on 6th February 2. Meeting being held for CCG Nurse Facilitator and nursing leads across the CCG to start implementing plan – July 2018 | | | |
| Recommendations for the relevant governance group(s) | | | |
| N/A | | | |
| New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks? | | | |
| No. | New risk / issue | Risk rating | Mitigation support requested |
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|---|---|-------------------------------|--------------|
| Work Stream | Infrastructure: Estates and Technology Transformation Fund (ETTF) and Digital | Month covered | June 2018 |
| Author | Andy Hadley / Phil Brenner / Laurence Wadlow / Darrell Jackson | Status | Amber |
| | | Impact if Not Achieved | |
| Summary status: | | | |
| <p>IM&T</p> <p>19 of the 24 pilot sites for Staffordshire Online Consultations programme are now in mobilisation with practices starting to review processes and setting go live dates for the turn on for patient access. The remaining sites are due to be implemented over the next six weeks as deployment from alternative provider begins. The programme has held a session with local stakeholders including clinical leads and main provider, including the provider's clinical team, to ensure the content available to patients is of the highest quality and to support further developments through discussions of our approach/plans and how the area sees this service developing.</p> <p>Programme lead continues to review other suppliers who have emerged on to the market to ensure area is piloting products that suit the objectives of the programme.</p> <p>Estates</p> <p>Funding approved for two developments – Longton South in Stoke on Trent and Greenwood House in South Staffordshire.</p> <p>The Longton programme timescales slipped whilst the site remained outside of control, the exclusivity agreement is now with the Local Authority for execution. The signed up Exclusivity Agreement for the site is to be returned enabling surveys & investigations to be carried out to support design development & cost development.</p> <p>For the Greenwood House development, NHS England – North Midlands has received advice from the National ETTF Team that it may seek to transfer the ETTF capital funding to Staffordshire County Council via a Section 2 (NHS Act) transfer. In line with guidance from the National Team, NHS England – North Midlands is currently working with SCC to secure a Section 2 letter from them to agree in principle the offer and acceptance of the capital funds to enable SCC to build the new premises. Once the letter has been agreed and accepted by both parties, NHS England – North Midlands can then proceed to produce a Full Business Case which must ultimately be approved by the PAU. A meeting between SCC and NHS E (local & national) including legal representatives will be held on 5th July 2018 to further progress the legal and operational elements.</p> | | | |
| Activities and updates from the last period | | | |
| <p>From an IM&T perspective, planned activities are continuing and potential risks continue to be monitored.</p> <p>From an Estates perspective;</p> <p>Longton South: Further iterations of the concept design work with GPS continues which reflects initial requirements & facilitates future incremental growth & transformation as needs & further funding are identified. The concept plan reflects anticipated site conditions, subject to validation & costing through further specific investigations & surveys however in readiness to apply once site agreement obtained. Risk register is in place for Longton Project - risks identified, with mitigating actions, owners and timescales identified. Need for specialist development appraisal with expertise in procedural requirements is to be identified & put into place to support the work of the development team.</p> | | | |

Actions planned for next period

IM&T:

- Commence activities for remaining online consultation pilots
- Continue recruitment for programme team to support programme lead to deliver against programme plan
- Continue to engage with NHS England Patient Online team about how Online Consultations programme will align moving forwards – both programmes to support one another to ensure online activities are improved.
- Align Primary Care and Urgent Care pilots of online apps to ensure a links moving forwards.

Estates:

Actions planned to commence for the Longton South development:

- Development concept & massing & phase potential
- Options appraisal

Actions planned for the Greenwood House development:

- Meeting between SCC and NHS England (local & national) including legal representatives being held on 5 July 2018 to further progress the legal and operational elements.

Recommendations for the relevant governance group(s)

New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks?

| No. | New risk / issue | Risk rating | Mitigation support requested |
|-----|------------------|-------------|------------------------------|
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| Work Stream | Models of Care | Month covered | June 2018 |
| Author | Lynn Millar / Sarah Jeffery | Status | Green |
| | | Impact if Not Achieved | |
| Summary status: | | | |
| Development of Locality Hubs/Primary Care at Scale | | | |
| <p>A glossary of terms has been developed of the different terminologies. The integrated care hubs are being mapped across the locality areas.</p> <p>Locality Development Programme A Locality development Programme is underway to support networks of practices to work together. The first phase will be a 'diagnostic' phase to understand the readiness of practices to work at scale and to identify a programme of support which is tailored to the needs of each geographical area. The Programme has been commissioned from the CSU Strategy unit who will use a process of appreciative enquiry to identify best practice, risks and blocks to development and OD requirements.</p> <p>Locality agreements As part of the locality agreements in South Staffordshire, all nine localities have signed and returned a memorandum of understanding to agree to work together at scale. Most of the localities have a formal meeting structure in place where they agree objectives. The localities also meet with mental health and community providers to ensure effective integration of community teams into primary care. Community teams have been aligned to localities and the majority of individual GP practices also have a named nurse from the community team. Three localities have agreed on a clinical area they will focus on improving clinical outcomes for patients as part of their locality agreements. All nine localities have been sent a clinical data pack from the CCG primary care analyst which identifies disease specific prevalence, any trends in outpatient and inpatient activity as well as opportunities to support the right care programme.</p> <p>Within East Staffordshire the 18 practices have formed a single working group to develop working at scale across East Staffordshire. East Staffordshire Primary Care Partnership has been established a CIC, meets formally on a regular basis and a formalized governance structure. The ESPCP has an organisational development plan and is supporting practices to ensure sustainability of general practice and build resilience.</p> <p>The programme recognizes the different phases of development across the 23 localities as well as support from GP Federations.</p> <p>Nursing Homes Several localities have developed new innovative ways of working with nursing homes, such as zoning (one GP looking after one nursing home) and recruiting a joint nurse / Advance Nurse Practitioner to work with the local nursing homes. Monitoring to understand the impact of these innovative schemes is ongoing.</p> <p>Complex Care A number of localities still deliver multi-disciplinary team meetings with the community provider clinicians despite no longer being paid to deliver this through a directly enhanced service. These meetings provide an opportunity to discuss and case manage the most complex and frail patients who may be at greater risk of being admitted to hospital.</p> | | | |
| Activities and updates from the last period | | | |
| As outlined in the above status. | | | |
| Actions planned for next period | | | |
| <p>Actions planned include:</p> <ol style="list-style-type: none"> 1. Refresh estates and branch surgery review 2. Staffordshire GPIT plan – 2018/19 3. Develop an outcomes based commissioning framework – Alliance Agreement 4. Refresh integrated team plan including baseline exercise | | | |

| Recommendations for the relevant governance group(s) | | | |
|---|------------------|-------------|------------------------------|
| New risks and issues that need input from the relevant governance group(s) – what do we need the group(s) to do to help mitigate risks? | | | |
| No. | New risk / issue | Risk rating | Mitigation support requested |
| 1. | | | |