



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Enhanced health and wellbeing GP services: Update

1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on 15 December.
- 1.3 This paper was written by:
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2. Summary

- 2.1 At the Health and Wellbeing Board meeting held 15th March 2015, the Board approved the approach for the CCG and Brighton and Hove City Council (BHCC) Public Health Directorate to jointly develop a new way of commissioning enhanced services¹ from GP practices in the city. This paper is to update the Health and Wellbeing Board and to take the Board's feedback on the work.
- 2.2 The Clinical Commissioning Group (CCG) jointly with Brighton and Hove City Council (BHCC) Public Health Directorate is in the process of rolling out a new way of commissioning enhanced services from GP practices. GP practices have started to work together in clusters (see appendix 1 for current cluster list) to deliver a new

¹ The formal term for these services is Locally Commissioned Services.

model of care to improve the quality of life and length of life for people with long-term conditions.

- 2.3 The new enhanced services joint contract responds to the findings from a premature mortality audit and aims to provide more proactive, integrated and expanded primary care services; address inequalities in health and improve patient experience.
- 2.4 The work includes both the CCG and BHCC public health services, joining up commissioning and delivery. Clusters of GP practices will be able to design and plan initiatives with CCG and BHCC commissioners to improve health outcomes and reduce health inequalities.

3. Decisions, recommendations and any options

- 3.1 This paper provides an update on the new joint commissioning of enhanced services from GP practices for discussion and feedback. It provides an outline of the new contract and how it will work. The new CCG and BHCC joint contract with GP practices builds on practices working as clusters and will start in all areas April 2016.

4. Relevant information

- 4.1 The new contract is based on delivering the outcomes as identified in the Locally Commissioned Services (LCS) outcomes framework.
- 4.2 The LCS framework includes the following overarching goals.
 - 1. Preventing people from dying prematurely
 - 2. Enhancing quality of life for people with long-term conditions
 - 3. Helping people recover from episodes of ill health or following injury
 - 4. Patient experience outcomes - ensuring that people have a positive experience of care
 - 5. Treating and caring for people in a safe environment and protecting them from avoidable harm
 - 6. Improving health and wellbeing of children and young people
 - 7. Delivering comprehensive, equitable and convenient care (right place, right time)
- 4.3 Goals 1-5 mirror the goals set out in the NHS outcomes framework, 6 and 7 are locally set overarching goals.

- 4.4 All of the existing Public Health² and most of the CCG³ commissioned enhanced services are included within the outcomes framework. A few CCG commissioned services are no longer required to be commissioned in the way they are currently commissioned.
- 4.5 Baseline data has been collected as far as is currently available for all indicators within the outcomes framework and has been made available to practices to help them decide how to prioritise and redesign services.
- 4.6 Evidence and guidance papers provide the details to clusters about the activities they will need to implement as part of the new contract (see appendix 2 for list and link to website).

Cluster working

- 4.7 It is a requirement for practices to work as part of cluster and agree the cluster plan to hold a new enhanced contract. However as there is currently no mechanism for clusters themselves to hold a contract the new LCS contract will be held with individual practices. This new cluster working provides an opportunity for joining up services, maximising use of resources and ensuring equity of access across the city. Cluster and practice teams will work together and with others including Integrated Primary Care Teams/ multi-disciplinary teams, pharmacists, social care staff, voluntary sector and others to deliver improved outcomes.

Costed Action Plans

- 4.8 Clusters are required to work together to put together costed action plans to provide the detail of how they will deliver the services covered in the LCS outcomes framework and the evidence and guidance papers.
- 4.9 All costed action plans will need to cover how the cluster will work in the following areas:
- ***Leadership and support*** - This is about how the services and improvements in the services will be delivered within the cluster
 - ***A standard approach across the cluster***
 - ***Delivery and skill mix for delivery of services***

²Alcohol reduction, stop smoking, NHS Health Checks, HIV, young people's sexual health, contraceptive implants, Intrauterine Contraceptive Devices (IUCDs) and substance misuse shared care.

³wound closure, phlebotomy, palliative care, intermediate care, leg ulcers, student health, suture removal, diabetes, depression, Ambulatory Blood Pressure Monitoring, drug monitoring, rabies and proactive care. Neonates LCS is being stopped December 2015. A new chronic obstructive pulmonary disease (COPD) service started October 2015.

- *Sharing resources across the cluster – payment for services and workforce resource*
- *Patient and public engagement – how patients have been engaged throughout the process*

4.10 Two costed action plans will be developed per cluster described below. A phased approach will be used for implementation.

Costed Action Plan 1: Preventative, proactive, integrated and extended primary care

4.11 This covers domains 1 – 6 of the LCS outcomes framework. The new main areas of the costed action plan will be:

A: Delivery of all existing enhanced services to all patients

Currently there is significant variation in the delivery of enhanced services across the city. This new contract aims to address this. Clusters will need to agree how all patients within the cluster will have access to existing enhanced services; which practices will deliver what services and how referral mechanisms will happen within the cluster.

B: Innovative/ enhanced / suggested activities:

These are activities that are not part of the existing enhanced services, but are part of delivering on the outcomes framework and flow from and complement existing enhanced service activities. Some are specific to patient groups/LTCs whilst others are considerations to be embedded within existing practice and interventions. We are asking practices to look at the baseline data to decide on 2 to 3 priority areas of need for their population and to agree a cluster working approach for these priority areas. Taking co-morbidities into account throughout, we expect that new structures and ways of working and activities would also complement other areas of patient care covered in the outcomes framework in addition to the 2-3 priority areas focused on.

Costed Action Plan 2: Right place, right time

4.12 This covers services that remain activity focused and include: phlebotomy, wound closure, intermediate care, leg ulcers, suture removal, ambulatory blood pressure monitoring, drug monitoring, rabies, contraceptive implants and Intrauterine Contraceptive Devices (IUCDs.) The focus for the Right Care, Right Place costed action plan will be about improving efficiencies for delivery, use of skill mix of staff, sharing resources across the cluster and ensuring all registered patients have access to the services.

- 4.13 This costed action plan cover indicators in domain 7 of the outcomes framework (see the supporting document for details of the indicators in the outcomes framework) and the activity will continue to be paid as currently on an activity basis.
- 4.14 The costed action plan will need to include expected levels of activity and equity of service across the cluster.

The new contract

- 4.15 The new joint contract will be for 3 years, April 2016 – March 2019.
- 4.16 As is currently the case all BHCC public health commissioned services the public health funded services will continue to be funded through payment by activity quarterly. As described above under costed action 2 this will also be the same for some CCG commissioned services.
- 4.17 A joint Alliance agreement that supports collaborative working between providers and commissioners will be set up between the CCG, BHCC and practices for the new LCS contract April 2016 – March 2019. This alliance agreement will be designed to sit alongside the standard CCG and BHCC contracts with individual practices, and include details of the agreed governance arrangements for the working of the alliance and the agreed outcomes and objectives. Schedules within the Alliance agreement will require local design and negotiation based on costed action plans. Legal advice will be sought as appropriate to finalise these.
- 4.18 In the future there may be opportunities to contract directly with a city wide federation of practices.

Progress to date and plans

- 4.19 GP practices are starting to work in 6 clusters across the city implementing the new proactive care service. All clusters have completed development plans and have agreed areas that need developing. Clusters and BHCC are working with clusters to support this development to they are ready to take on the new contract from April 2016. There are plans for ensuring adequate and bespoke support is available for clusters to develop costed action plans. The plan is for the support to help clusters develop the costed actions in response to the new contract and to build capacity within clusters so that they are better equipped to do this in the future. There will also be a primary care event in February 2016 to support practices and clusters work on improving quality of services.

Budget and costed action plans

- 4.20 The CCG has set a new primary care commissioning committee, a sub-committee of the CCG Governing Board to formally approve commissioning of primary care services in line with requirements set out by NHS England. At the first meeting of the committee held on 24th November 2015 the indicative budget from the CCG for the new funding for the new contract was presented. Funding for existing CCG and public health services was discussed as well as the new funding that the CCG is planning on making available for the new contract.
- 4.21 The new indicative budget is estimated to total £1,009,000. £309,000 of this funding will be allocated across clusters at the rate of £1 per head of registered list size per cluster. The remaining £700,000 will be apportioned with the aim of reducing health inequalities. The formula for this will take into consideration registered list size and proportion of the population living in the 20% most deprived areas of the city.
- 4.22 This new investment, along with current investment would be used by Clusters to plan delivery and submit action plans against the LCS outcomes framework. The indicative budget is intended to support and not restrain Clusters in their ambition to deliver the services and outcomes required in the framework, which may mean Clusters put forward plans that are above or below the indicative amount where the evidence and a business case for this is indicated.
- 4.23 Once submitted, Cluster action plans will be developed into business cases to be presented to the CCG which will demonstrate the expected benefits from the additional investment. These business cases will then be reviewed and signed off as appropriate in line with the CCG governance arrangements.

Evidence and guidance

- 4.24 The evidence and guidance papers have been developed jointly by BHCC public health directorate, CCG commissioners, clinical leads. These papers provide the guidance for what is required and the evidence for what works and have been published on the CCG website and sent out to all practices.

Engagement

- 4.25 There has been an in-depth engagement exercise with 10 voluntary sector organisations that support certain protected characteristic groups and communities, to ask for feedback on how equalities issues need to be included in this new contract. This feedback has been incorporated within the evidence and guidance papers published October 2015. Support for developing Costed action plans

is being confirmed. Clusters will be required to submit costed action plans for formal approval and be ready to start delivering the newly designed enhanced services from April 2016; there is an expectation that patients/carers will be involved in Cluster work going forward – including business case development- through existing and developing Patient Participation Groups (PPGs) and other relevant means.

5. Important considerations and implications

Legal

- 5.1 The current BHCC GP contracts for enhanced services called Locally Commissioned Services (LCS), have been or are being extended to enable the new model to be developed. The proposal is for GP's to be offered the opportunity to exit from current contractual arrangements and take up the new contract once the terms have been finalised and approved. There are no changes in this respect from the last report.

Lawyer consulted: Ola Oduwole, 27 November 2015

Finance

- 5.2 The CCG will be investing approximately £2.3ma year, based on current funding and the development of business cases for the areas clusters choose to innovate on. This excludes funding for the proactive care programme.
- 5.3 The BHCC Public Health budget will be met in full by the ring-fenced public health grant. Similar to the current funding levels of services in General Practice, the annual budget for 2016-17 will be approximately £0.850m.

Finance Officer consulted: Michael Bentley, 24th November 2015

Equalities

- 5.4 A key objective of the new contract is to develop GP leadership focused on addressing inequalities in health. There are specific targets related to addressing inequalities and addressing issues for vulnerable groups that have not been addressed through General practice previously, such as referrals to services to reduce social isolation. The 10⁴ engagement groups that were consulted with cover a number of different population groups within the city to ensure the new contract meets their needs. An Equalities Impact Assessment will be carried out as part of the process. This contract provides an opportunity to systematically capture data through GP

⁴ Carers Centre, Right Here, Age UK, Friends Families and Travellers, The Fed, Trust for Developing Communities, LGBT Health Inclusion Project, Amaze, Speakout and Mind

practices data on protected characteristics. This will enable both the BHCC and CCG to refine and improve services, as there will be more information about the protected characteristics of patients and how they are accessing services. Through the contract there will also be more opportunities for clusters to meet the specific needs of their populations whilst also reducing variation in provision and making services available to all registered patients.

Equalities Officer: Sarah Tighe-Ford, BHCC Equalities Coordinator, 24th November 2015

Jane Lodge, Head of Engagement, Brighton and Hove CCG, 25th November 2015

Sustainability

- 5.5 The new contract includes addressing issues related to poly-pharmacy and medicines reviews. It provides more opportunities for joining up services across providers including pharmacies, strengthening plans for reducing waste.

Health, social care, children's services and public health

- 5.6 Clusters of general practices will be working in an integrated fashion with other local services including social care, children's services, mental health, housing, the police and education. Cluster working provides more joined up opportunities for this happen than is currently the case.
- 5.7 GP practices and clusters will be able to use a risk stratification tool that has been procured through the proactive care service model to identify vulnerable patients. This will enable GPs to more proactively identify their most vulnerable patients and refer them onto other services as appropriate.

6 Supporting documents and information

- 6.1 Attached documents:

- 1) Appendix 1 Map and list of GP Clusters
- 2) List of LCS Contract Guidance documents
- 3) Enhanced Services outcomes framework

Appendix 1: Map and list of the GP Practice Clusters

Cluster	Clinical Lead	Managerial Lead
1	Veronica Sutcliffe Chris Jenkins	Julia Fox Mike Ott Mike Stemp
2	Richard Mitchell Robert Hacking	Clare Marks
3	Andy Hodson	Susan Harries Cheryl Palmer
4	Rowan Brown	Rick Jones
5	Tom Gayton	Anne Scott
6	Paul Forsdick	Steve Cribb

1

Practice name	GP Code	Responsible Population
Albion Street	G81090	6,125
Ardingly Court Surgery	G81006	6,230
Park Crescent	G81028	13,244
Pavilion Surgery	G81054	8,913
St Peter's Medical Centre	G81011	11,219
Brighton Homeless Health Centre	G81689	1,138
North Laine Medical Centre	G81103	4,015
Boots North Street	G81020	2082
Lewes Road Surgery	G81063	2499
		55,465

2

Practice name	GP Code	Responsible Population
Avenue Surgery	G81075	6,772
Broadway Surgery	G81669	2,346
Ridgeway Surgery	G81642	2,334
Saltdean & Rottingdean Medical Practice	G81076	9,564
School House Surgery	G81613	4,407
Ship Street Surgery	G81694	2,068
St Luke's Surgery	G81667	2,296
Willow House Surgery	G81661	1,959
Whitehawk Surgery	G81676	3,339
Woodingdean Surgery	G81065	6,485
Regency Surgery	G81656	4,118
		45,688

3

Practice name	GP Code	Responsible Population
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Beaconsfield Surgery	G81042	10,196
Preston Park Surgery	G81018	11,101
Stanford Medical Centre	G81038	16,226
Warmdene Surgery	G81036	9,174
		46,697

4

Practice name	GP Code	Responsible Population
Benfield Valley Healthcare Hub	G81680	5,575
The Practice Hangleton Manor	Y00079	2,010
Hove Medical Centre	G81001	8,730
Links Road Surgery	G81663	5,818
Mile Oak Medical Centre	G81073	7,641
Portslade Health Centre	G81046	12,186
Wish Park Surgery	G81083	5,894
		47,854

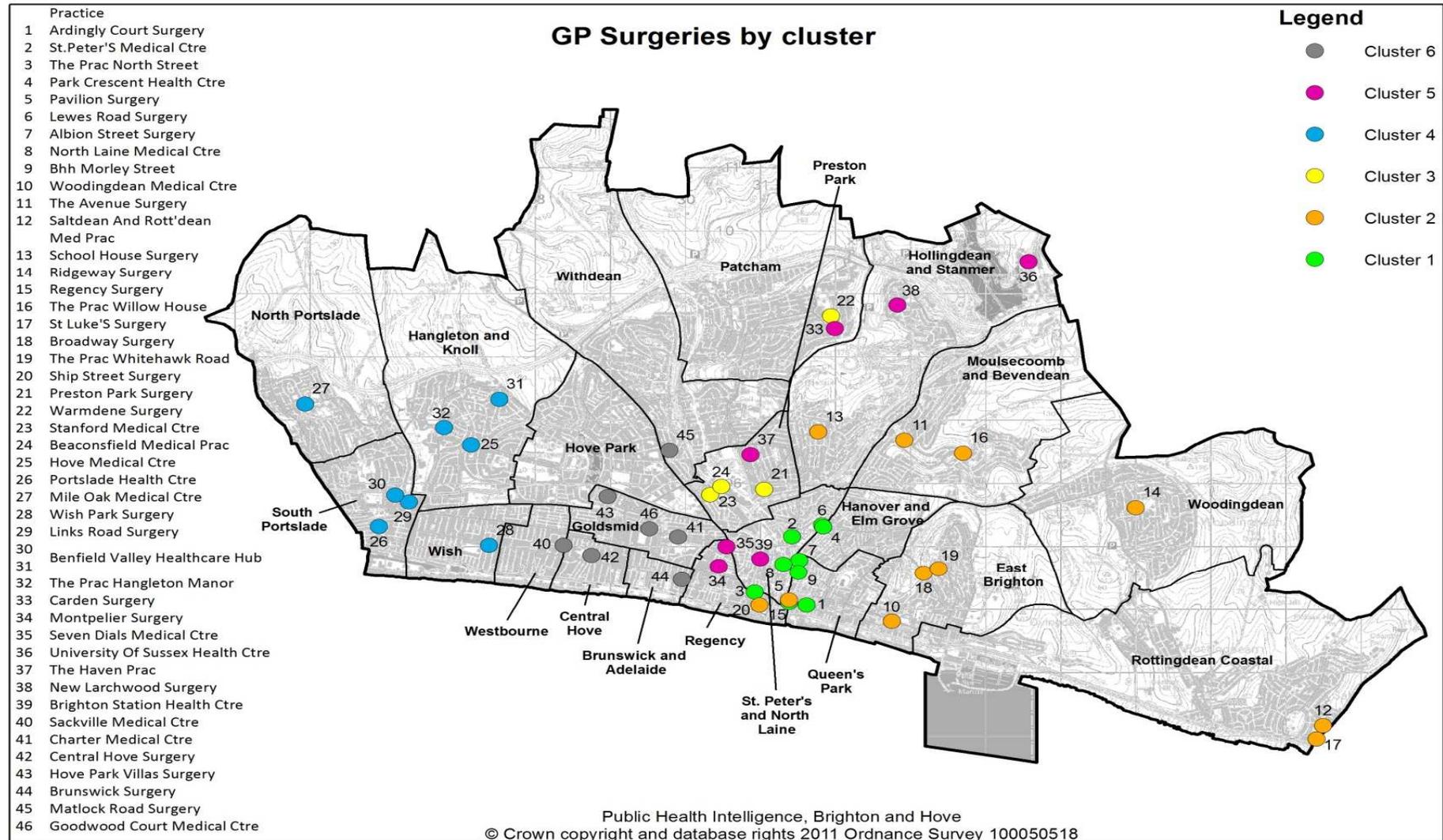
5

Practice name	GP Code	Responsible Population
Brighton Station Health Centre	Y02676	5,767
Carden and New Larchwood Surgery	G81014&Y02404	5,731&1,008
Seven Dials Medical Centre	G81047	7,848
Haven Practice	G81646	3,067
University of Sussex	G81071	16,925
Montpelier Surgery	G81044	6,101
		49,147

6

Practice name	GP Code	Responsible Population
Brighton Health and Wellbeing Centre	G81638	8,188
Central Hove Surgery	G81070	5,458
Charter Medical Centre	G81034	27,670
Hove Park Villas Surgery	G81094	4,473
Sackville Road Surgery	G81009	11,289
Matlock Road	G81684	2,999
		60,077

Brighton and Hove GP Practices Dec 2015



Appendix 2: List of LCS Contract Guidance documents

The evidence and guidance summaries and detailed papers are to be accompanied by the following as part of the new contract:

1. LCS outcomes framework
2. Service specification includes
3. Patient and public engagement guidance
4. Brighton and Hove CCG Commissioning for quality guidance

Click on the below link to access the above documents

<http://www.gp.brightonandhoveccg.nhs.uk/gp-services/new-locally-commissioned-services-gp-practice-contract>

Baseline data per practice and cluster have been made available to support clusters decide on priority areas for action.

Summary list of the evidence and guidance papers

Costed Action Plan 1: preventative, proactive, integrated and extended care Evidence and Guidance

The below is the topic specific guidance to support development of the costed action plans:

1. Mental health
2. Learning Disabilities
3. Carers
4. Children and young people
5. Cancer
6. Diabetes
7. COPD
8. End of Life Palliative care
9. Dementia

Public health

10. Sexual health
11. Alcohol
12. Smoking
13. Cardiovascular disease – NHS Health Checks
14. Shared Care – substance Misuse
15. HIV

Costed Action Plan 2: Right Care, Right Place

The below lists the activity based services, for which the current service specifications will remain:

1. Phlebotomy
2. Drug monitoring,
3. Ambulatory Blood Pressure,
4. Wound Care / leg ulcer / tissue viability / suture removal,
5. rabies injections,
6. contraceptive needs (LARC and IUCDs),
7. Intermediate care