

**Agenda Item 12**

Report to: (Governing Body/Committee): Primary Care Commissioning Committee

Date of Meeting: 30th July 2019

Subject: Non-recurrent Federation Development monies 2018-19

Presented by: Sophie Hudson – Service Manager

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information [ ]

For Discussion [ ]

For Approval / Ratification [x]

Report Exempt from Public Disclosure [ ]  No [ ]  Yes

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| --- | --- |
| **PURPOSE OF REPORT:** | This report has been prepared to update the Committee about the 2018/19 GPFV Federation Development Monies. NHS England Shared Planning Guidance 2017 to 2019 set out a requirement for CCGs to make £3 per head of population non-recurrent funding available for general practice transformational support; NELCCG provided this over 2 years (2017/18 and 2018/19). An element of this funding, equating to £1.20 per head of population per annum, was set aside specifically to support practices to develop collaborative / ‘at scale’ arrangements. This was aimed at helping practices with the development work required to transition to collaborative arrangements through backfill and/or temporary support.All 3 Federations have submitted individual end of year reports to the primary care team confirming how they have met the requirements of the agreement |
| **Recommendations:** | The Primary Care Commissioning Committee is asked to:* Note the summary of the reports submitted by the Federations
* Endorse final approval of the requirements
 |
| **Committee Process and Assurance:** | N/A |
| ***Implications:*** |  |
| **Risk Assurance Framework Implications:** | N/A |
| **Legal Implications:** | N/A |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **No** |
| If yes to the above – have the DPIA screening questions been completed? | Choose an item. |
| Does this project involve the processing of personally identifiable or other high risk data? | Choose an item. |
| If yes to the above has a DPIA been completed and approved? | Choose an item. |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report [x] An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising [ ]  from the analysis/assessmentAn Equality Impact Analysis/Assessment has been completed and there are actions arising [ ]  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report |
| **Finance Implications:** | As part of the GP Forward View plans, non-recurrent funding of £1.20 per head of population per annum was set aside during 2018/19 to support general practice at scale arrangements. |
| **Quality Implications:***.* |  This report details a positive impact on quality. [x] The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.This report details a neutral impact on quality. [ ] The report will not make any impact on experience, safety or effectiveness. This report details a negative impact on quality. [ ] The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | N/A |
| **Engagement Implications:** | N/A |
|  |  |
| **Conflicts of Interest**  | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?* [x]  Yes [ ]  NoThe GPs on the Primary Care Commissioning Committee are part of one of the Federations will benefit from the non-recurrent funding. |
| **Links to CCG’s Strategic Objectives** | [x]  Sustainable services [ ]  Empowering people[x]  Supporting communities [x]  Delivering a fit for purpose organisation |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>Improved access to services Improved quality |
| **Appendices / attachments** |  |

**GPFV Non-recurrent Development Monies: Federation Development**

**Background**

NHS England Shared Planning Guidance 2017 to 2019 set out a requirement for CCGs to make £3 per head of population non-recurrent funding available for general practice transformational support; NELCCG provided this funding over 2 years (2017/18 and 2018/19). An element of this funding, equating to £1.20 per head of population per annum, was set aside specifically to support practices to develop collaborative / ‘at scale’ arrangements. This was aimed at helping practices with the development work required to transition to collaborative arrangements through backfill and/or temporary support.

For the 2018/19 scheme the Federations were required to:

* Have an agreed work-plan or list of priorities that the grouping/federation will focus on during 2018/19.
* Ensure continued engagement in the Accountable Care Partnership within NEL, ensuring there is Federation representation at 90% of the ACP meetings that take place.
* Ensure proposals are developed, in line with ACP priorities,
* Federation Business Manager (lead manager) engagement in strategic management meetings with the CCG on a bi-monthly basis, attending at least 5 out of the 6 meetings
* Continued engagement in Federation Forum (formerly the GP Provider Group) where the 3 Federations can come together to formulate a consistent general practice response, where this is required. Each Federation will be represented at 100% of those meetings.

**Monitoring Requirements**

The following submissions were required from each Federation:

* Submit their work-plan – by 31st July 2018
* Submit their mid-year progress against work plan / action plan – by 30th November 2018
* Submit an end of year report on progress within grouping/federation, to include information on how the Federation has progressed against the agreed actions in the annual work plan/action plan – by 30th April 2019

In terms of meeting attendance requirements, there have been changes to the ACP meeting arrangements during the year which have made it difficult to assess compliance with the requirement set out in the agreement. The ACP meeting was renamed to Integrated Care Partnership (ICP) and the scheduled meetings were split between the ICP and Integrated Urgent Care (IUC) Alliance. In order to progress the IUC requirements, additional working groups were established to take forward the design work, which also required Federation input and not all working groups were minuted. It has therefore been difficult to establish the 90% achievement. However, based on attendance at the ICP or IUC Alliance meetings that took place from May 2018 to March 2019 (as the agreement was not issued out and signed until into the financial year), all 3 Federations attended 15 or more meetings throughout the 11 months, which is more than one per month.

In addition, the announcement of Primary Care Networks in January and the work undertaken subsequently to establish the PCNs has affected involvement in those meetings, as the PCNs were reconsidering their position in the IUC Alliance and the representatives were changed in some cases.

A summary of compliance against the meeting requirements is set out below:

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| --- | --- | --- | --- | --- |
| **Requirement** | **Federation 1 - MHG** | **Federation 2 – Freshney-Pelham** | **Federation 3 - Panacea** | **Comments** |
| Federation representation at 90% of the ACP meetings that take place | 15 meetings May 2018 to March 2019 | 16 meetings May 2018 to March 2019 | 15 meetings May 2018 to March 2019 | ACP meetings have been changed in year, and alternate meetings were dedicated to IUC Alliance. Announcement of PCNs affected involvement towards the end of the financial year, as Federations transitioned to PCN arrangements. PCCC is recommended to accept this level of attendance as representing a good level of engagement. |
| Federation Business Manager (lead manager) engagement in strategic management meetings with the CCG on a bi-monthly basis, attending at least 5 out of the 6 meetings | ✔ | ✔ | ✔ | Group ended up meeting monthly, so this requirement was exceeded. |
| Each Federation represented at 100% of GP Provider Forum meetings | ✔ | ✔ | ✔ |  |

**Evidence received from each Federation**

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| --- | --- | --- | --- |
| **Required Evidence** | **Federation 3****MHG** | **Federation 1** **Freshney-Pelham** | **Federation 2****Panacea** |
| **Agreement Signed and returned:** | ✔ | ✔ | ✔ |
| **Submit copy of 2018/19 Work-plan:** | ✔The plan met the funding objectives in line with the agreement. | ✔The plan met the funding objectives in line with the agreement. | ✔The plan met the funding objectives in line with the agreement. |
| **Mid-year progress against work plan / action plan:** | ✔ | ✔ | ✔ |
| **End of year report on progress within grouping/federation, to include information on how the Federation has progressed against the agreed actions in the annual work plan/action plan:** | Impact actions developed:\* Active signposting\* Productive workflows\* Partnership working\* Support to self-care\* Correspondence Management | Impact actions developed:\* Developing teams\* Active signposting\* Partnership working\* Correspondence Management | Impact actions developed:\* Active signposting\* Productive workflows\* New Consultation types\* Partnership working\* Releasing time for care\* Better managing workload\* My COPD online app.\* Correspondence Management |

**Summary**

Subject to the Committee agreeing the revised level of engagement in the ICP meetings, all Federations have met the requirements.

**Recommendation**

The Primary Care Commissioning Committee is asked to:

* Note the summary of the assessment of achievement of requirements by the Federations
* Sign off approval that the GPFV requirements were met, taking into account system changes that affected those requirements.