

<b>Date:</b>	14 July 2016
<b>Meeting:</b>	Joint Commissioning Committee
<b>Item Number:</b>	8.0
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

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<b>Report Title:</b>	Diabetes Prevention Programme – use of year 1 central funding
<b>Decisions to be made:</b>	For Information

<b>Continue to improve the quality of services</b>	<input checked="" type="checkbox"/>	<b>Improve patient experience</b>	<input checked="" type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input checked="" type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input checked="" type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input checked="" type="checkbox"/>	<b>Statutory/Regulatory</b>	<input type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>	
<p>The Greater Lincolnshire Collaboration was selected as a 1<sup>st</sup> wave adopter for the National Diabetes Prevention Programme that is centrally commissioned and funded by NHS England and Public Health England. All 1<sup>st</sup> wave adopters will receive a small amount of non-recurrent funding in year one to help establish the pathways, processes and reporting functions required of the CCGs.</p> <p>This paper describes the process that North Lincolnshire CCG have been through to establish how best to use their portion of the year one funding.</p>	

<b>Equality Impact</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Available on request
<b>Sustainability</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Impact assessment available on request
<b>Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No impact on the CCG's BAF, and not linked to any identified risks.
<b>Legal</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No impact
<b>Finance</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	There will be no impact on CCG/Local Authority resources. The service is centrally commissioned and funded, and the funding in question is central and non-recurrent.

<b>Patient, Public, Clinical and Stakeholder Engagement to date</b>									
	<b>N/A</b>	<b>Y</b>	<b>N</b>	<b>Date</b>		<b>N/A</b>	<b>Y</b>	<b>N</b>	<b>Date</b>
<b>Patient:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CoM 26/05/16
<b>Public:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

## **Diabetes Prevention Programme – use of year 1 central funding**

### **Introduction**

This briefing paper provides an update on the Greater Lincolnshire wave 1 mobilisation of the national diabetes prevention programme, in particular the use of the year one funding. This funding is for wave 1 sites only, and will not be paid recurrently. The member organisations for the greater Lincolnshire collaboration are as follows:

North Lincolnshire CCG  
North Lincolnshire Council  
North East Lincolnshire CCG  
North East Lincolnshire Council  
Lincolnshire South CCG  
Lincolnshire East CCG  
South West Lincolnshire CCG  
Lincolnshire West CCG  
Lincolnshire County Council

### **Background**

NHS England and Public Health England had advised CCGs during the application period that there would likely be a small amount of funding in year one for first wave adopter collaborations. There was a discussion at Council of Members (CoM) and then at the Executive Team meeting about how this funding should be used, and as there is a requirement for us to implement reporting processes to NHS England it was agreed that the money should be used to recompense primary care for capacity to develop and implement these reports and processes. The North Lincolnshire share of this money worked out at just short of £6k, and would allow £315 per practice.

The rest of the collaborative subsequently decided to use their share of funding jointly to pay for a Band 5 support role for one year as a minimum.

Following the CoM and Executive Team discussions, we were advised that the level of funding had been increased. The collaborative as a whole would now receive £50'426, of which £7'760 would be apportioned to North Lincolnshire. This would equate to £408 per practice if shared equally.

At the rest of the collaborative still planned to employ 1 or 2 project officers to manage the provider mobilisation and relationship with primary care, to cover primary care engagement and to help develop and implement the reporting requirements needed for NHS England by November. This post(s) would be hosted by NEL CCG/ South West Lincolnshire CCG.

### **Options**

On 26<sup>th</sup> May Council of Members were informed of the increase in funding and were asked if they would like to continue with their previous decision, or join the rest of the collaboration in employing support staff on a fixed term basis. The options were:

Option 1 – Allocate all the funding to Primary care in North Lincolnshire to develop and implement reporting requirements. All provider and primary care engagement, and on-going reporting would be managed by the CCG commissioning team.

Option 2 – Allocate the original £6k to primary care as per option 1, with CCG commissioning team management. Identify another use for the remaining £1,760 associated with Diabetes Prevention.

Option 3 – Join the rest of the collaboration in the employment of programme officer(s) to the cost of £25'211. This will leave £25'214, of which £3880 would be allocated to North Lincolnshire. This would allow £204 per practice if shared equally for practices to develop and implement reporting processes, but they would be supported by the project officer role. This would mean that the CCG commissioning team would need to make available minimal capacity for year one implementation, mobilisation and reporting development and submission.

## **Outcome**

During the meeting option 2 was discounted, and members were asked to confirm to the chair by 3<sup>rd</sup> June, which of the remaining options their practice supported.

12 responses were received, with 1 practice supporting option one, and 11 practices supporting option three.

As the lead organisation within the collaboration, North East Lincolnshire CCG will receive the central funding directly from NHS England, and will employ The part time band 5 support officer. Due to the geography of Greater Lincolnshire a part time Band 4 will also be employed to support the south of the region. North East Lincolnshire CCG will then disseminate the remainder of the funding to CCGs, pro rata'd based on population size. It is anticipated that this will leave approximately £200 per practice within North Lincolnshire.