

Clinical Commissioning Group

Governing Body

Paper Summary Sheet

For: PUBLIC session PRIVATE session

Date of Meeting: 23 September 2014

For: Decision Discussion Noting

Agenda Item and title:	GOV/14/09/10 Transforming Care for Older People Fund
Author:	Judith Dean, Implementation Director (Interim)
Lead Director/GP from CCG:	Jo Cullen, Group Director WWYKD
Executive summary:	This paper provides an update on the proposed Transforming Care for Older People schemes; Outlining the process followed to date that have resulted in the panel recommendations including the due diligence process checks for Governing Body approval for implementation.
Evidence in support of arguments:	CCG Strategic Plan
Who has been involved/contributed:	TCOP Panel members: CCG – Mark Smithies, Peter Lucas, Deborah Fielding and Simon Truelove Wessex LMC Healthwatch Wiltshire NHS England CCG Panel Support Jo Cullen, Steve Perkins, Jacqui Chidgey-Clark, Lynn Talbot, Judith Dean
Cross Reference to Strategic Objectives:	Links to delivery of the Wiltshire CCG Strategic Five Year Plan
Engagement and Involvement:	Not at this stage, although this supports the delivery of the proposed model of care which has been through intense public, patient and stakeholder engagement.
Communications Issues:	Localities will be expected to develop robust communications plans with all stakeholders and public as part of the project implementation.

Financial Implications:	National planning guidance - £5 / head Due diligence checks as set out in Appendix A
Review arrangements:	The Primary Care Programme Board will take accountability for on-going monitoring, evaluation and continued funding recommendations
Risk Management:	Risk assessments are contained within the individual business case Further assessment was completed during the due diligence checks
National Policy/ Legislation:	Planning Guidance DH 2014/15 www.england.nhs.uk/ourwork/sop/
Equality & Diversity:	EIA assessment completed for each individual business case
Other External Assessment:	Representatives from Healthwatch and Wessex LMC were TCOP panel members
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body are asked to note the progress made to date and support the recommendation to commit funding up to the level of £5 / head of population for each scheme.

TRANSFORMING CARE FOR OLDER PEOPLE UPDATE

Issue

To update the Governing Body on the approach followed and progress made in relation to allocation of the Transforming Care for Older People Fund.

Timing

Routine.

Recommendation

It is recommended that Governing Body note the progress made to date and support the funding up to the level of £5 / head of population for each of the recommended schemes.

Background

Earlier this year the Department of Health announced additional funding of £5 per head to support the transformation of care for older people. The CCG was keen to support practices to make best use of the funding to transform the care of patients over 75 and reduce avoidable admissions, while ensuring alignment to the Five Year Plan vision.

Following discussions with the Clinical Executive the CCG established a process to invite applications for the use of this fund to deliver:

- The CCG strategic vision
- Improved care for vulnerable people
- Reduced avoidable admissions
- Continuity of care for older people
- Improved overall quality and productivity of services
- Greater integration of health and care services, in particular out of hospital care

Process

An independent panel was established, chaired by Mark Smithies and considered applications from groups of practices and assessed:

1. Strategic Fit
2. Clarity of the Problem
3. Clarity of the Solution
4. Return on Investment
5. Implementation Confidence

An initial assessment panel was held in June and considered a combination of business cases and expressions of interest, with recommendations being made that the business cases should either be supported with some conditions / further refinements or that the business case should not be supported.

A second panel met in July where the revised proposals were once again assessed and all were supported, albeit with a number of conditions to be worked through in the next stage of the process.

A summary of the schemes recommended for approval were tabled in the July Governing Body session and are summarised in Appendix B

Where the panel recommended that a business case be supported, the CCG worked with the applicants to complete the due diligence process. The due diligence checklist is detailed in Appendix A. A number of projects required further refinement to ensure affordability within the £5/head.

Localities are now starting to develop detailed project implementation plans, which address the staffing and implementation due diligence checks, with project delivery and outcome milestones which will be submitted to the TCOP panel for review on 1st October before being passed to the Primary Care Programme Board who will assume accountability for the on-going monitoring, evaluation and continued fund recommendations.

The Governing Body are asked to note the progress made to date and support the recommendation to commit funding up to the level of £5 / head of population for each scheme.

Appendix A - Transforming Care of Older People - Due Diligence Checks

Cost breakdown

- Affordability the proposal must be contained within the £5/head cap – as at 31/03/14
- The proposal must include **all** costs related to the project – specify one year / set up or on-going
 - Staff salaries – assume top of scale
 - Staff on-costs
 - Staff travel expenses
 - IT / telephone costs
 - Equipment
 - Premises
 - Implementation Project Support
 - Legal costs associated with federating / risk sharing regards staff employment
 - Professional indemnity costs
- Check that service elements are not already paid elsewhere e.g. via DES/ LES/Rent
- Explore potential for sharing of resources / costs of implementation e.g. IT solutions
- Explore opportunities for other organisations to fund elements e.g. council / voluntary sector

Impact / Benefit

- Return on Investment Savings derived from avoidable admissions should, at least, cover the investment required
- Provide assurance / confidence that savings can be realised
- Check that reduction in admissions are not already counted elsewhere e.g. Care Home LES
- KPIs
 - Measure qualitative benefits as well as activity e.g. number of people dying in their preferred place of death
 - Ensure that outcomes, improvements and milestones can be measured
 - NB Healthwatch – will support applicants in the development of patient experience measures and questionnaires

Staffing

- Ensure equity of reimbursement rate for GP locum / backfill – assume £290 for a session to include superannuation payment
- Skills based job descriptions evaluated against AfC to ensure equity of pay / grading and ensure maximum flexibility around which professional could undertake role
- Explore opportunities to increase integration with existing community teams to prevent duplication and inform future community services requirements
- Understand implications for other services – e.g. if we are recruiting large numbers of senior nurses at the same time community services is seeking to recruit from same pool – how do we manage this without undermining sustainability of current service provision

Implementation Plans

- Project implementation planning must detail communication plans
- Risk registers should include exit strategies if plans do not deliver
- Project delivery milestones and Outcome milestones must be realistic and achievable
- Plans must detail how the project will work with other providers / stakeholders

Appendix B – Transforming Care for Older People Progress Update

Locality	Proposal Summary	Progress Update
Devizes	Release primary care capacity to deliver proactive care - through use of ECP	Due diligence complete In discussion with SWAST to develop operational model and explore options for seconding staff
Bradford On Avon	1. Leg Club and 2. Community Nurse Support	Due diligence underway - ongoing refinement of plans to ensure scheme can be delivered within £5/head. Options for funding for accommodation (town council) being explored. Senior Nurse recruitment complete. Practice working collaboratively with GWH to ensure common understanding of roles and responsibilities to prevent confusion and duplication of services for patients.
Sarum North	1. Proactive weekend telephone triage 2. Discharge review and support	Due diligence complete Project Manager and Business Manager recruitment complete Working jointly with Sarum City to gain economies of scale by sharing all back-office processes while still retaining local clinical leadership / delivery
Westbury	1. Older peoples nurse who will proactively manage the over 75s within the practice. 2. Day Care Support service initially focussing on the leg club initiative	Due diligence complete - project refined to ensure affordability with the £5/head Implementation planning underway Practice will be working collaboratively with GWH to ensure common understanding of roles and responsibilities to prevent confusion and duplication of services for patients
Sarum City	1. Releasing capacity in Primary Care to deliver proactive care and support planning using Elderly Care Clinical Assistant (ECCA) 2. Proactive weekend telephone triage	Due diligence complete Working jointly with Sarum North around Weekend Telephone Triage (WTT) to gain economies of scale by sharing all back-office processes but retaining local clinical leadership / delivery. Project Manager in place for WTT

Locality	Proposal Summary	Progress Update
Sarum West	1. Releasing primary care capacity to undertake proactive review and care & support planning through GP backfill 2. Eldercare facilitator running system to collecting patient reported health checks, home assessments and active discharge follow-up	<p>Due diligence complete</p> <p>Project Manager in post</p> <p>Job description and person spec completed for Eldercare Facilitator</p> <p>SLA written for agreement between employing practices and other practices which will be shared across other schemes.</p> <p>Health questionnaire for birthday card drafted</p> <p>Template written for post discharge contact</p>
Warminster	Release primary care capacity to deliver proactive care - through use of Nurse Practitioner and GP support	<p>Due diligence complete and project refined to ensure delivery within £5/head</p> <p>Practice will be working collaboratively with GWH to ensure common understanding of roles and responsibilities to prevent confusion and duplication of services for patients</p>
Trowbridge	Proactive management of frail elderly patients, develop shared same day access, domiciliary medications reviews	<p>Due diligence complete</p> <p>Costs reduced through successful negotiation of 'free' access to premises through Out Of Hours</p> <p>Working with Community Team to prevent confusion and duplication of services for patients</p>
Melksham	Proactively manage frail elderly patients in a clinic based setting. Increased capacity through employment of ECP	<p>Due diligence complete and project being refined to ensure delivery within £5/head</p> <p>In discussion with SWAST to develop operational model and explore options for seconding staff</p>
NEW	Release primary care capacity to deliver proactive care and support plans	<p>Overall objective agreed - currently working with the clusters to develop the detail.</p> <p>Revised proposal will go to the TCOP panel on 1st October.</p>

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: **Transforming Care of Older People (TCOP)**

For the record	
Name of person leading this EIA: Jo Cullen	Date completed: 9 th September 2014
Names of people involved in consideration of impact	
Name of director signing EIA: Jo Cullen	Date signed: 9 th September 2014

What is the proposal? What outcomes/benefits are you hoping to achieve?

The purpose of the proposal is to set out the local schemes prepared under the TCOP process as agreed through Clinical Executive; based on the national planning guidance for the funding of £5 per head to support the transformation of care for older people.

The CCG is supporting practices to make best use of the funding to transform the care of patients over 75 and reduce avoidable admissions, while ensuring alignment to the Five Year Plan vision.

Who's it for?

For all GP Practices within the CCG to prepare plans based on 20,000 populations.

How will this proposal meet the equality duties?

This proposal will benefit all patients registered at GP Practices within the CCG, focussing on older people.

What are the barriers to meeting this potential?

There are no identified barriers at this stage.

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

The service will be commissioned following local GP and practice input based on: GP clinical input, reports from practices identifying what the people of Wiltshire are telling us, secondary care data, and the information in the current JSNA. It is also recognised that some patients referred to the service may not have English as their first language

How can you involve your customers in developing the proposal?

Localities will be expected to develop robust communications plans with all stakeholders and public as part of the project implementation.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

There are no gaps identified at this stage.

3 Impact

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is?
How can this be mitigated or justified?

There are no adverse impacts of this proposal for any of the equality groups.

What can be done to change this impact?

Not applicable

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

The service is aimed at all increasing capacity in primary care in Wiltshire but focussed on the frail elderly at risk of hospital attendance and admission, so this particular group are likely to benefit more from the outcomes from the impact of this service.

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

Localities will be expected to develop robust communications plans with all stakeholders and public as part of the project implementation.

4 So what?

[Link to business planning process](#)

What changes have you made in the course of this EIA?

No changes have been made as no adverse impacts have been identified.

What will you do now and what will be included in future planning?

The EIA will be reviewed quarterly as part of the implementation plans, monitored through the Primary Care Programme Board.

When will this be reviewed?

It will be reviewed quarterly in 2014/15.

How will success be measured?

The success of the services will be measure by using internally agreed KPIs, supplied by the Practices and reported quarterly to the governing body.
