

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6a
25 MARCH 2013		PUBLIC REPORT
Contact Officer(s):	Cathy Mitchell	Tel.

OLDER PEOPLE'S PROGRAMME UPDATE

RECOMMENDATIONS	
FROM : Cathy Mitchell Local Chief Officer Borderline and Peterborough Local Commissioning Groups	Deadline date : N/A
HWB Members are asked to: <ol style="list-style-type: none"> 1) Note the Older People's Programme Board update and the emerging local Older Peoples Pathways for Borderline and Peterborough LCG's . 	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Board following a request from Peterborough City Council for an update on the multi agency Older Peoples Programme of work lead by the Clinical Commissioning Group

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to share information and provide an update to the Health and Wellbeing Board. This is a headline summary of the Older People's Programme. The drivers for change to transform commissioning and provision of services for older people were set out in the CCG commissioning intentions for 2013/14 and will be re-iterated in the CCG Integrated Plan when it is submitted in March. .
- 2.2 This report is for Board to consider under its Terms of Reference No.

This report is linked and in alignment with Health & Well-Being Board Priorities

The Cambridgeshire Health & Well-Being strategy aims to support older people to be independent, safe and well (priority 2).

The Peterborough Health & Well-Being Strategy priority 3 is 'healthier older people who maintain their independence for longer'.

3. BACKGROUND

3.1 Programme Approach

The clinically-led Programme Board has been set up to include health and social care commissioners from across the CCG, plus patient representatives, and is scheduled to meet every two months (or to coincide with key decision points). Terms of Reference are now agreed, and members supported moving forward with the work-streams outlined below at the first meeting in December 2012. It is important to emphasise that whilst the Programme Board is providing oversight and coordination, the main re-design component is being driven at local level, eg. Borderline and Peterborough LCGs and it is here that

providers are being engaged in the process. Mental health commissioning leads are on the Programme Board reflecting the importance of Older People Mental Health.

The programme is supported by a management team drawing on the wider CCG functional matrix and social care colleagues. Local management leads have been identified / secured to ensure progress is made on the first phase (design). A process is underway to specify resources required to take forward subsequent phases from April 2013.

A risk register has been developed and is being regularly reviewed by the Programme management team. A Programme plan setting out the various work streams and time-scales has been developed.

3.2 Design Phase

LCGs are working within local systems to:

- Agree the local approach to bringing partners together in each local system to drive local work forward
- Secure resources to undertake the work (e.g. staff required)
- Develop the local vision for integrated older people's services
- Quickly map existing local services, identifying strengths & weaknesses
- Specify local success criteria & outcome metrics (over & above Emergency Bed Days & patient satisfaction measure)
- Specify areas which will need significant change to deliver new integrated services from April 2014
- Identify early pilots which will build towards April 2014 service
- the emerging Borderline and Peterborough Older Peoples Pathway

A summary review of relevant evidence has been produced by public health. In response to discussions with LCOs, guidance and process / design templates have been circulated to all LCGs. In addition to local stakeholder events, the main process and engagement events for the first phase are set out below

Date	Process & Engagement Events
29 th Jan	Programme headlines update to Practice Members meeting
31 st Jan	Input from CCG staff at away day on priorities including Older People
31 st Jan	LCGs provide update on engagement and design process to OPMT
4 th Feb	LCG design leads and CCG function leads share progress and issues
21 st Feb	Progress & Issues report to the Older People Programme Board
5 th Mar	All stakeholder CCG wide event, facilitated by Chris Ham, King's Fund
5 th Mar	Progress & issues report to Governing Body
31 st Mar	LCGs complete local design first phase and outcome specifications
25 th Apr	OP Programme Board sign off local Outcome Specifications

Updates on current engagement and design work in each local system were presented at the February Programme Board meeting, and formed part of the 5th March stakeholder event.

3.3 Enabling Work Streams

Funding and Population

A working group has been focusing on how funding could work in the new arrangements, with input from public health, finance and business intelligence colleagues. Discussions have also taken place with a specialist on funding and weighting methods at the DH. Current work is focused on

- a) populating current service costs which would form part of the potential funding 'pool' for a year of care
- b) triangulating and testing a model of costs driven by a risk tool
- c) discussions regarding the local approach to weighting capitated budgets

The next step will be to share potential funding models and associated issues for comment with the Programme Board / management team and then present an options appraisal to the Governing Body.

Contracting and Procurement

Discussions have been held with the East of England Procurement Hub, and the East of England / Midlands regional Strategic Projects Team regarding support for the Older People programme and the CCS programme which are closely linked. In this first phase strategic procurement advice is needed to steer both programmes and select the right procurement routes including engagement with providers. The second phase will be to support the procurement processes. The Strategic Projects Team have been engaged for the first phase only to provide strategic advice and support options appraisal. It is proposed that a paper setting out options to secure older people and other CCS services is brought back to Governing Body following consideration by the Older People Programme Board and CCS Transition Steering Group.

Information Sharing / Governance & IT

A work stream covering enabling work on information sharing is covering the following areas (note this includes End of Life Care as well as a number of the issues are common across both programme areas):

- Electronic care coordinating systems
- Information Governance Framework
- Data sharing agreements and data processing agreements
- Data extraction from practice records
- Urgent Care Dashboard
- Risk Stratification Tools
- MDT meetings and working

Guidance has been developed for GP practices and as a basis for communications to other organisations (pending comments from the LMC).

Service Development Pilots 2013/14

Local systems are developing / continuing early pilot work which will support progress towards the desired state for older people's services. One enabling element which has emerged as a common theme is strengthening Multi-Disciplinary Team working as a means to improve patient focused care.

Learning from elsewhere indicates that good coordination / facilitation of these teams is key to success in terms of better outcomes for patients and efficiency for staff involved. This includes ensuring that patient care plans are in place and actions are followed through.

A bid to the Workforce Transformation Fund has secured £150k to support development of the coordination / facilitation function. However, this is insufficient to support MDT working on the scale envisaged in LCGs so further work on a business case to support additional

funding is taking place. It is important to note that LCGs are implementing MDT working to suit their local circumstances.

Borderline and Peterborough LCG's are piloting The Firm which is a multi agency project working together to avoid admissions into Hospital of patients who present in AE or a GP /Ambulance Service identify at risk of admission. Currently the Team are developing links with Re-ablement Services to reduce the readmissions to Hospital also.

Aligning Incentives for 2013/14

Commissioning for Quality and Innovation (CQUIN) is linked to 2.5% of the value of contracts with our local providers. We have discretion locally for 2%. Local contract leads and providers were asked to align CQUINs with CCG priorities including improving care for older people (CCG guidance issued early Jan 2013). Preliminary CQUIN proposals have been shared with the Programme Board for comment.

The CCG has also submitted proposals to the NHS Commissioning Board for the new 'Quality Premium' which is c£5 per head. There are four nationally prescribed components to the Quality Premium, and three which can be determined locally. The CCG has included a proposal to limit the rate of growth in emergency bed days for over [80] year olds to 2.7% which equates to forecast population growth. It is proposed that more ambitious internal targets are agreed with LCGs to steady emergency bed days at 2012/13 levels – this encompasses work on avoiding unnecessary admissions and reducing hospital length of stay where patients no longer need to be in hospital (e.g. reducing delayed transfers of care).

LCGs are working up proposals for Practice Development and Membership Agreements as part of their local planning process: this provides funding to practices to incentivise local priorities and is likely to include improving care for older people.

Alignment with Cambridgeshire Community Services Transition Programme

A significant proportion of CCS functions relate to older people, and it is essential that the work focused on the future of CCS is aligned with the Older People Programme. This is being addressed in a number of ways:

- Oversight of both programmes by CMET and the Governing Body
- Clinical lead (John Jones) and management lead (Chris Humphries) for the CCS programme are members of the Older People Programme Board.
- Chris Humphris is a member of the Older People Programme Management Team, leading specifically on procurement and contracts.
- Clinical lead (Arnold Fertig) and management lead (Matthew Smith) for the Older People programme will provide reports on progress / issues to the CCS Transition Steering Group
- Social Care common membership on both the Older People Programme Board and CCS Steering Group
- CCS Programme forms part of the Older People Programme risk register / risk management approach and vice versa
- Common approach to procurement support for both programmes
- Alignment of programme plans

4. CONSULTATION

4.1 Communications and Engagement

The main engagement is at local level through a range of stakeholder events and organisation specific discussions, complemented by CCG wide events as set out above. The Programme communication has been circulated to stakeholders including practice

members, staff, programme board members and external organisations. A communications plan has been developed for the programme as a whole

5. ANTICIPATED OUTCOMES

The Multi agency Commissioners are exploring options to transform how they commission services to meet the needs of the local growing older population within the financial resources available and improve the outcomes for the individual.

6. REASONS FOR RECOMMENDATIONS

The Borderline and Peterborough Local Commissioning Groups would like to ask for the HWB Members to

- a) Note the Older People's Programme Board update and the emerging local Older Peoples Pathways for Borderline and Peterborough LCG's .

7. ALTERNATIVE OPTIONS CONSIDERED

The options being considered for the Borderline and Peterborough Local Commissioning Groups are outlined below:

Overview of the older people work stream indication key tasks and indicative timetable. .

The LCG's vision is for service transformation to be 'Led locally by clinicians in partnership with their community, commissioning quality services that ensure value for money and the best possible outcomes for those who use them'.

The vision for older people's services is:

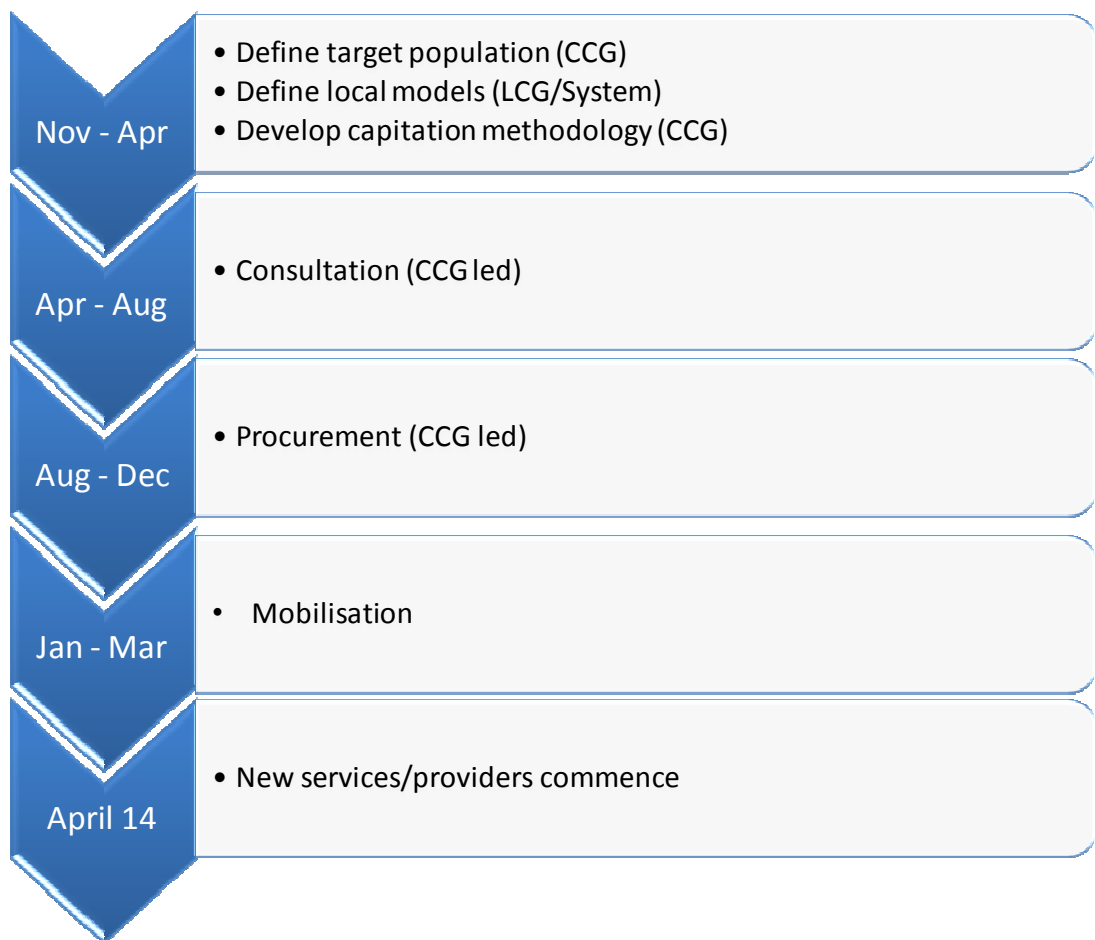
- For older people to be proactively supported to maintain their health, wellbeing and independence for as long as possible, receiving care in their home and local community wherever possible
- For care to be provided through an integrated pathway, with services organised around the patient
- To change mind-sets so that most unplanned admissions to hospital or Care Homes for the identified group of older people are regarded by all parts of our system as an exception
- To ensure that services are designed and implemented locally, building on best practice
- To provide the right contractual and financial incentives for good care and outcomes
- To work with patients and representatives groups, to co-design how the System commissions services

The older people's programme of work aims to design and commission health and social care services for a defined population of older / vulnerable patients within the Borderline & Peterborough LCG's area. The aim is to deliver improved patient experience, better community care, and reduced unplanned admissions to hospital/ Care Homes where these can be safely avoided.

Specifically, as a result of the redesign we would want to see:

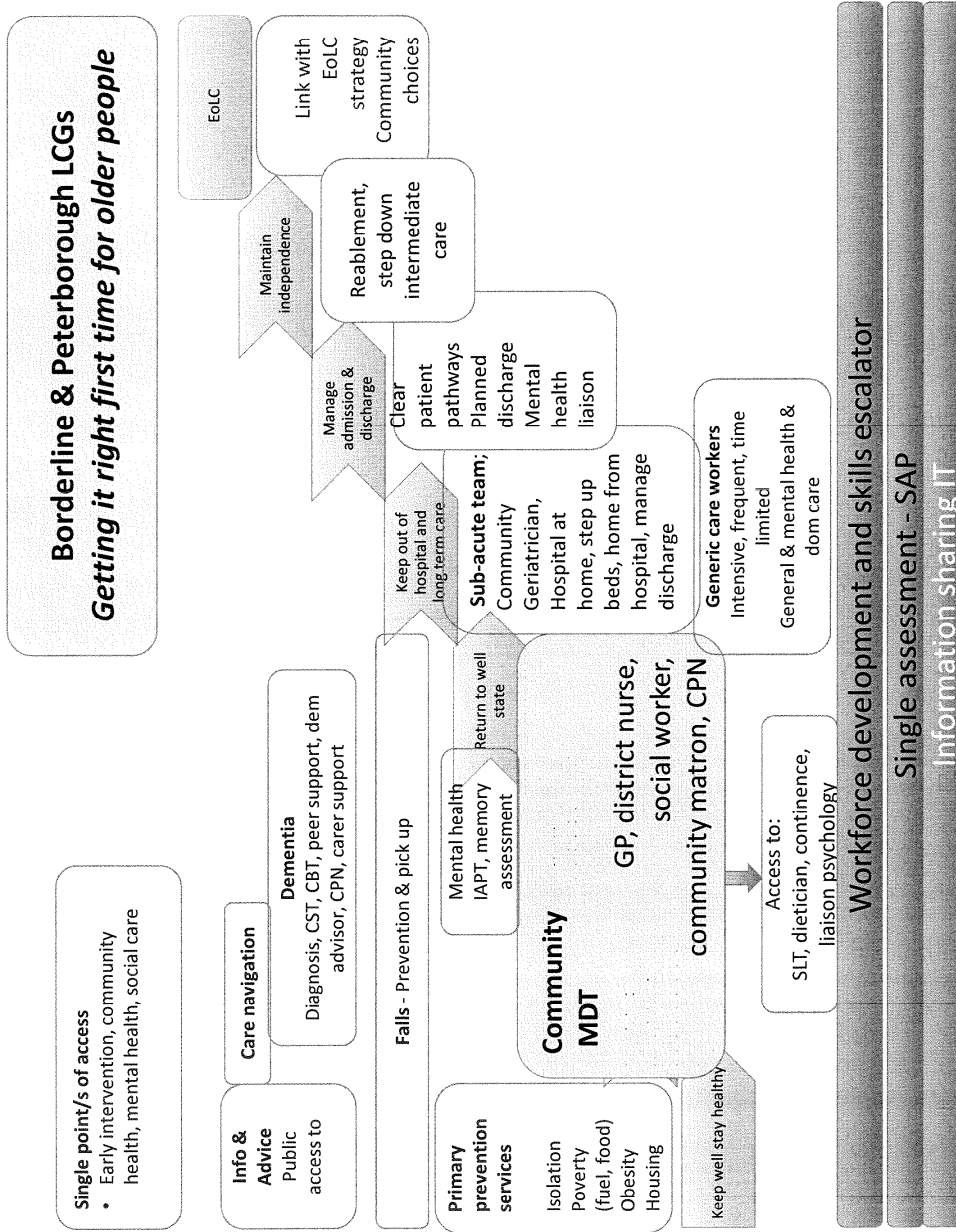
- Improvement in patient experience measures
- A reduction in emergency bed days
- An increase in the percentage of frail older people cared for "out of hospital"
- Improvement in the quality of frail older people's community or "out of hospital" services
- Better partnership working between different parts of the health and social care and other partners delivering services in the system
- The above delivered within the identified budget
- Achievement of locally defined outcome measures

Key tasks and the indicative timetable are given below:



The LCG's and PCC are working together to consider the organisational structures which will support the future pathway in Appendix B and help the Older People receive the appropriate level of support in a timely manner, to maximise independence and ability to manage within their home environment.

Visual of the emerging pathway for older people in Borderline and Peterborough Local Commissioning Groups.



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