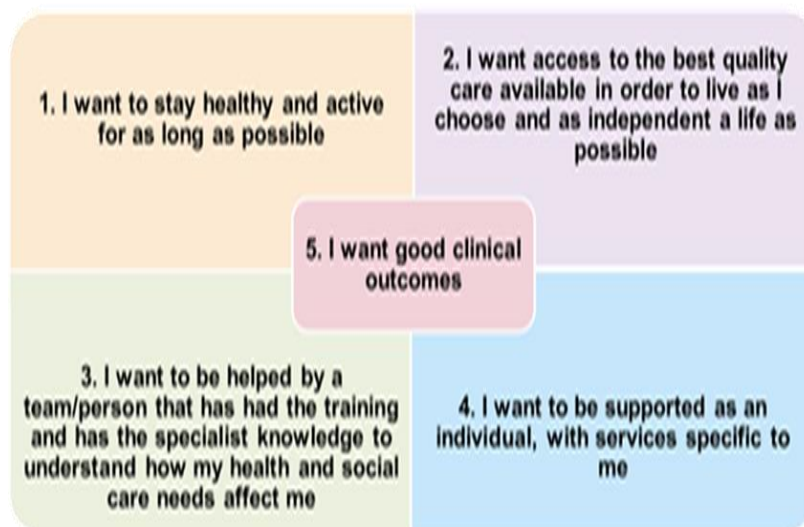


REPORT TO:	Health and Social Care Scrutiny Sub-Committee 18 July 2017
AGENDA ITEM:	9
SUBJECT:	Progress report: Outcomes Based Commissioning for Over 65s Alliance
LEAD OFFICER:	Barbara Peacock – Executive Director of People Croydon Council Andrew Eyres – CCG Chief Officer
CABINET MEMBER:	Councillor Hall, Cabinet Member for Finance and Treasury and Councillor Woodley, Cabinet Member for Families, Health and Social Care
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Rachel Soni – Alliance Programme Director

ORIGIN OF ITEM:	This item is contained in the sub-committee’s agreed work programme.
BRIEF FOR THE COMMITTEE:	To comment on progress with the implementation of the Alliance for over 65s

1. EXECUTIVE SUMMARY

- 1.1 Health and social care providers and commissioners in Croydon have come together to form the Croydon OBC Alliance to agree a contract for Outcome Based Commissioning (OBC) for over 65s. This Alliance provides a whole system transformation that will deliver the outcomes our over 65s have specified they want in Croydon:



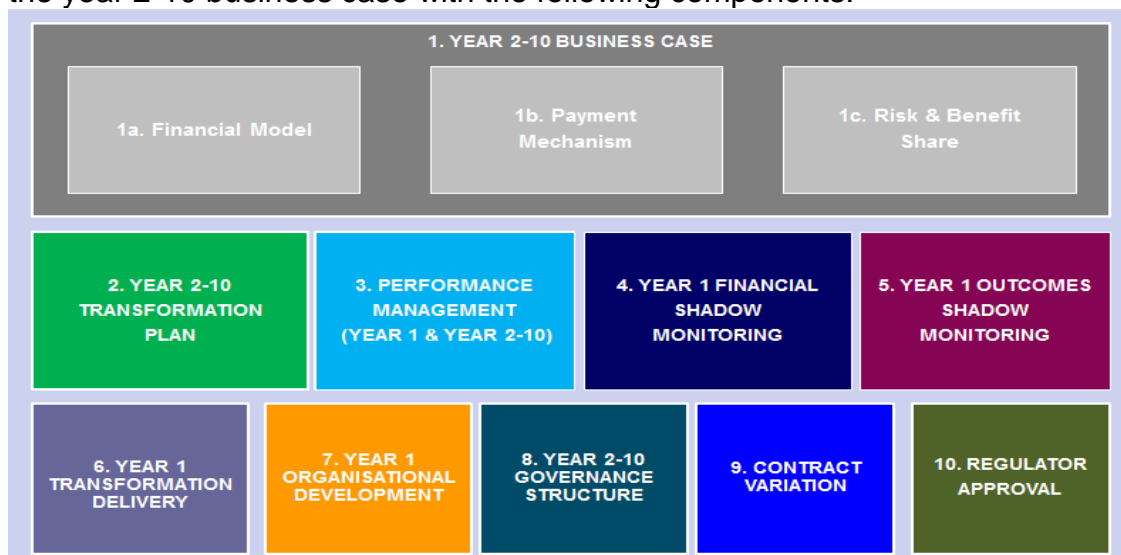
- 1.2 The Alliance of the six partners (Croydon CCG, Croydon Council, Croydon Health Services, South London and Maudsley NHS Trust, Age UK Croydon and Croydon GP Collaborative) formally commenced in April 2017. The partners entered into a 10 year (1+9) Alliance Agreement and associated in scope Service Contracts. Currently the Alliance is in its first year (Transition Year). The decision to extend to years 2-10 is planned to be taken by all partners in December 2017, following an agreed years 2-10 business case being agreed by all the partners.
- 1.3 The vision for the Alliance is “for people in Croydon to experience well co-ordinated care and support in the most appropriate setting, which is truly person-centred and helps them to maintain their independence”.
- 1.4 There are a number of “in scope” service contracts, shown here:

2 Parties	Service(S)	Value
Croydon Council and Croydon Health Services	Occupational Therapy, Hospital Discharge Support and Intermediate Care	£1,661,000
Croydon Council and Age UK Croydon	Information & Advice, Hospital Discharge Support, Healthwise	£539,300
Croydon Council Service Level Agreement: Commissioner -Provider	Adult Social Care Directly Delivered Services, Externally Commissioned Contracts that will be managed by the Council	£42,431,650
Croydon CCG – Croydon Health Services	Acute and Community Health Services	£67,202,000
Croydon CCG – Age UK Croydon	Personal Independence Coordinators (PICs)	£160,000
Croydon CCG – South London and Maudsley MHT	OP Mental Health Services	£6,000,200
Total		£117,994,150

2.0 Detail

2.1 Transition Plan:

The Alliance is working to a detailed Transition Plan resulting in the sign off of the year 2-10 business case with the following components:



2.2 The following shows the summary content of each of those and the associated milestones to be achieved:

#	Criteria	Summary	Date
1	Year 2 – 10 Transformation Plan	Sets out the vision and strategy for transformation in the Croydon health economy over next 10 years detailing how the Alliance will develop and transform services.	End Jul 2017
2	Performance Management (Year 1 & Year 2-10)	From contract commencement April 2017, the Performance Management Framework measures Alliance performance informing development of a Year 2-10 Performance Management Model.	26 Oct 2017
3	Year 1 Financial Shadow Monitoring	From contract commencement April 2017, Performance Management Framework shadow monitoring Alliance Financial Performance (Capitated).	20 Oct 2017
4	Year 1 Outcomes Shadow Monitoring	From contract commencement April 2017, Performance Management Framework shadow monitoring Outcomes delivery informing implementation of outstanding indicators for Year 2-10.	20 Oct 2017
5	Year 1 Transformation Delivery	Delivery of existing transformation business cases (Out of Hospital, Planned Care, ICN's and LIFE) during the Transition year.	20 Oct 2017
6	Year 1 Organisational Development	Continued delivery of organisational development across the Alliance member organisations.	26 Oct 2017
7	Year 2-10 Governance Structure	Evolving the Year 1 Governance Structure for development of and transition to a Year 2-10 Governance Structure.	26 Oct 2017
8	Year 2-10 Business Case (Includes Financial Model, Payment Mechanism and Risk & Benefit Share)	Building on the Year 2-10 Transformation Plan, supported by the Financial Model and including Payment Mechanism and Risk Share, the Year 2-10 Business Case determines Alliance members' decision to extend the Alliance for a further 9 years.	26 Oct 2017
9	Regulator Approval	Regulators will need to sign-off the Year 2-10 Business Case including the Risk & Benefits Share model for Year 2-10, taking into account the respective financial health of each Alliance member organisation.	18 Oct 2017
10	Contract Variation	Alliance Agreement and Service Contracts variation to incorporate Transition year updates including incorporation of the Service Operations Manual (SOM).	15 Dec 2017

2.3 Governance:

The Alliance has an agreed governance process, which is aligned to the Sustainable Transformation Partnership (whole population) governance. There is an Alliance Board of Chief Officers with a Programme Delivery Board reporting to it, to which the workstreams report into, supported by a Programme Management Office. Each organisation reports to its governing bodies, boards and Cabinet as appropriate for formal decisions. During transition this governance will be reviewed and iterated to ensure it is fit for purpose for the full term of the contract.

2.4 Transformation and Models of Care:

The Alliance has two main components of transformation:

- Year 1 Transformation Delivery, and
- Years 2-10 Transformation Plan.

2.5 Year 1 Transformation Delivery:

2.5.1 Good progress continues to be made in delivering the new models of care which now form two main schemes, flowing from the agreed Out of Hospital Business Case signed off by the Alliance Board on 15th June.

1.5.2 Integrated Community Networks:

Establishment of 6 Integrated Community Networks (ICNs) building on the current 6 GP network model serving 52-90k population range.

Projects include:

- Core ICN Team Multi-Agency Working, including “Huddles”; 6 Huddles have now started in the Mayday network and are currently progressing along with the approval of the Information Sharing Agreement
- Personal Independence Coordinators (PICs) are now working at 11 practices in Mayday and Selsdon/New Addington networks with 138 people referred to the PIC service to date
- Complex Care Support Team: the requirements are being scoped and gap analysis undertaken.
- My Life Plan _ Shared care record for which Co-ordinate my care is being implemented
- Points of Access and Information (PoA&I): two physical and two remote sites have been identified and being progressed.
- Galvanising Community Networks: the model is being developed in partnership with the voluntary and community sector with an engagement event held on 28 June. Workstreams are established to lead this work.

2.5.3 The above models include:

- One dedicated core ICN team surrounding each practice; breakdown of barriers;
- Not just an MDT meeting but a dedicated key worker and care coordinator role;
- Weekly or fortnightly huddles at GP practices
- Additional resources across participating network(s);
- Direct access to complex care support team;
- IT and virtual networking tools; and
- Enhanced network services – point of access and practice community.

2.5.4 Living Independently for Everyone (LIFE)

LIFE will provide integrated step-up and step-down reablement to reduce the need for hospital admissions, improved and speedier hospital discharges and reduced need for care homes placements. The experience for people using these service should be improved outcomes good quality home care that is focused on outcomes and achieving maximum independence as soon as possible.

2.5.5 The future service model will create a new team made up of the existing teams which will stop duplication, increase capacity, enable the sharing of resources and prevent and reduce admissions to acute care.

2.5.6 The optimum service model will to be staffed by nurses, physiotherapists, occupational therapists, social workers, mental health specialists, and reablement workers.

2.5.7 The desired “To Be” service has the following features / benefits:

- Decrease in non-elective hospital admissions;
- Decrease in bed days;
- Increase in smaller domiciliary care package and community reablement
- Increase in wider community interventions;
- A cultural change around the need for domiciliary care;
- A sustainable single system;
- Increased range of entry pathways;
- Unblocking of community and environmental barriers

2.5.8 The recruitment process for integrated teams across the Council and Croydon Health Services has begun and work with the teams, staffing and full design is progressing. The procurement options for the reablement service has been agreed and is commencing and full service design progressing.

2.5.9 The strategic review of equipment, telecare, Careline Plus and telehealth services has completed and a business case is being developed to support phase two of the LIFE model of care.

2.6 Years 2-10 Transformation Plan

2.6.1 The year 2 – 10 Transformation Plan will set out the vision and strategy for transformation in the Croydon health economy in the medium term (2-5 years) and the long term (5 years +), detailing how the Alliance will develop and transform services. It includes:

- Detailed design and delivery of new models of care/service models
- Extensive workforce/service reorganisation
- Major IM&T implementations
- Facility and estates remodelling

2.6.2 It aims to build upon and bring together the raft of transformation activities and plans in play across the Alliance member organisations into a single, coherent strategic artefact.

2.6.3 In the medium term, the Transformation Plan will provide the blueprint for identifying transformation opportunities for consideration as transformation business cases and for ensuring alignment with broader strategic direction (STP etc).

2.6.4 Progress has been made and the approach to transformation and prioritisation has been agreed by the Alliance Board. The transformation planning takes three forms:

- Think Tank – to generate ideas and move them into service design and programme planning

- Strategic Partnerships – how we galvanise investment of resources and expertise from a range of non-alliance partners, including potential investment
- OBC approach – how we ensure a whole systems approach to each transformation workstream taking place in the alliance organisations, ensuring an aligned or integrated delivery approach and governance.

3.0 Next Steps

3.1 The programme team and alliance leads are completing the following for the next Alliance board on 27th July:

- Handover of the 10 year financial model for sign off
- Commencement of risk share and payment mechanism development
- Agree the approach and content of the years 2-10 business case for extension decision in December
- Continue and step up the organisational development work and IM&T workstream
- Recruitment of the all resources for the models of care
- Additional recruitment to programme management office
- Transformation plan first draft.

CONTACT OFFICER: Rachel Soni – Alliance Programme Director

BACKGROUND DOCUMENTS: None