

## My Life a Full Life - Finance Update - 2016/2017

### **1. Background**

The 'My Life a Full Life' (MLAFL) Model of Care was developed in 2012/13, and its implementation is being driven forwards by a system wide transformation programme. This programme supports the implementation of a new model of care for the Island that will change and improve the way people experience living healthily and well on the Island, through the integration of care and support across a number of local organisations, including the community and voluntary sector, CCG, IWNHS Trust, Local Authority and Public Health.

### **2. Vanguard Funding**

Prior to the Island receiving any NHS Vanguard funding the development of the MLAFL Model of Care and initial system wide transformation programme was funded collectively by IOW Council, IOW Clinical Commissioning Group and IOW NHS Trust. In 2015-16 the Island was successful in a bid to the NHS New Care Models team and was allocated NHS Vanguard Funding to implement the Islands MLAFL Model of Care at pace. In 2015-16 the Island spent £1.9 million of the NHS Vanguard Funding (£3.399M allocated – part way through financial year so not all of allocation was spent due to this delay. In 2016/17 the Island was allocated £4.74 Million of NHS Vanguard Funding (of the £14.4 million requested for 16/17).

The Vanguard funding is allocated by NHS England and has to be spent on delivering the MLAFL New Model of Care outcomes. It cannot be used to fund existing local services or business as usual.

Funding is only released to the system on a quarterly basis, once delivery of outcomes has been demonstrated. The funding allocation is transferred by NHS England to the Clinical Commissioning Group, who then transfer it to the Council via a S256 Grant Agreement who host and administer the fund. As with all public funds, the public organisations spending those funds (the Council, CCG and the IW NHS Trust), are accountable for ensuring that they are spent for the purposes to which they have been intended and that they achieve value for money.

### **Governance Process around Allocation of Vanguard Funding**

The central NHS New Care Models team hold the Island to account with regard to delivery and monitor the funding, to ensure funds are spent on transformation of services. This is done through monthly monitoring of the financial reports and a quarterly review process. Funding is allocated by the central NHS New Care Models team on a quarterly basis dependent upon whether outcomes and conditions are met and local plans are delivered.

Quarterly performance reviews with the New Care Models team provide the forum for the central NHS New Care Models team to scrutinise, support and guide the delivery and focus of the programme. Leaders from across all partner organisations are involved in these reviews. A set of outcomes are monitored through this process based on initial value proposition submitted and approved.

The allocation of 2016/17 Vanguard Funding was undertaken using a system wide process with representatives from partner organisations (Claire Foreman - Adult Social Care, IOW Council, Anita Cameron-Smith – Public Health, IOW Council, Chris Palmer – Finance - IOW Trust, Gillian Baker – IOW CCG, Jo Dare – Voluntary Sector, Kerry Hubbleday – Finance, IOW Council, Loretta Outhwaite – Finance, IOW CCG. ). This group reviewed all planned schemes against an agreed set of principles (for example - revenue cost not capital, scheme will deliver outcomes in value proposition, either non recurrent funding request or recurrent funding already identified) and allocated the Islands transformation funds, with a focus on ensuring value for money and delivery of improved outcomes for people we serve.

### **Summary of 16/17 Spend**

The following summarises the spend for 16/17 and provides further narrative

| Area of Spend              | £          | Narrative  |
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| Consultancy Support (KPMG) | £1,475,285 | <p>Consultancy support has been utilised (as a requirement of the Central New Care Models Team) to increase capacity and improve capability on the Island, to enable the system to drive forward the delivery of the programme in a number of areas at the pace required. The work undertaken focussed on:-</p> <ul style="list-style-type: none"> <li>- Support to the WISR (Whole Integrated System Redesign) project including; - development of case for change and baseline assessment; development, support and facilitation of range of public engagement events; development of new service models.</li> <li>- Background work and development of draft Joint Commissioning Strategy Framework</li> <li>- Working up the pre-consultation Business Case and developing New Models of Care paper</li> <li>- Working alongside operational leads to drive forward delivery of Integrated Locality Service and support development of new operating model, including implementation of rapid improvement cycles.</li> <li>- Providing an Hampshire and IOW Sustainability and Transformation Plan (STP) financial alignment workshop to map existing system plans and feed single Island Plan</li> <li>- Providing specialist support to acute services redesign project working alongside the operational leads to deliver future service models.</li> </ul> <p>The CCG hold the contract with KPMG following a formal procurement process. Working with system partners the CCG monitor the delivery of the outcomes from KPMG in line with the contract. Payments are made to KPMG on delivery of the agreed milestones in the contract to ensure the best possible outcomes are achieved from the resource.</p> |

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| <p>Staff resource funded to support delivery of the 16/17 Transformation work (includes NHS, CCG, IWC and Other)</p> | <p>£923,718</p> | <p>This resource includes a range of many disciplines of staff and provides many functions including assurance on the delivery of the programme, extensive reporting to the Vanguard programme (mandatory), evaluation and measurement, information governance, financial management, planning, communications, engagement, reporting, supporting governance, sharing of best practice, attending required national events, hub management, LGA support, project and programme management, service improvement support and management of issues and risks. A review of the resource in place to support the programme is underway and future focus to include both mix of Programme/change staff as required to resource a large complex transformation programme and support IOW STP Local Delivery System, and allocation to operational areas to provide capacity in the system for operational leaders to own and drive transformational change. Where capacity is available in existing teams this is always utilised first – external support used as required where capacity and/or capability are not available.</p>  |
| <p>Room Rental &amp; Programme Misc Expenses</p>   | <p>£83,573</p>  | <p>These costs include office rental costs, facilities costs, meeting room hire costs and resource to fund the expenses and costs associated with the attendance of mandatory Vanguard Meetings. Where possible conference, video and WebEx is being used to be more efficient with meetings. During 2016/17 the System Wide Transformation team moved out of rented office accommodation, to a hot desking model located in existing NHS office accommodation removing office rental costs.</p>  |
| <p>Communications &amp; Engagement</p>   | <p>£178,606</p> | <p>The following summarises a range of the communication, engagement and involvement with residents, local stakeholders and partners to date.</p> <ul style="list-style-type: none"> <li>- 69,000 households invited to complete survey, 400+ attendees at 21 public events, 317 people involved in community discussions, 230 community groups contacted, 160 people involved in working groups</li> <li>- 19 specific new initiatives worked up with input from many stakeholders across the Island. Six to be implemented in 2016-17, remainder in the following year</li> <li>- Significant engagement and communication to support system redesign</li> <li>- Self-care promotion through events (Self-Care Fair, Isle Feel Good, Health &amp; Wellbeing roadshows) involving hundreds of IW residents</li> <li>- Healthy Lifestyle campaigns launched e.g. Stoptober, Stay Well this Winter, One You, Sugar Smart (longer-term impact)</li> <li>- Targeted campaigns e.g. promote greater use of 111/Pharmacy First, new Urgent Care Service (initial findings show rise in 111 and drop in Beacon Centre attendances)</li> <li>- Developing engagement with young people (working with schools, Youth Council and 125 college students signed up through Fresher’s Fayre event)</li> </ul> <p>This cost also includes implementation of a range of communication initiatives to communicate on the progress of</p> |

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|   |            | the programme, development of staff around co-production in conjunction with HealthWatch, support of local voluntary sector awards and development of shared systems to support joint communications and engagement across the system including the development of new website.                             |
| Workforce                               | £122,415   | These costs fund the delivery of workforce plans – including development of Island recruitment portal, speed of trust training, plus specialist Human Resources and Organisational Development resource.  |
| System Redesign costs                   | £214,083   | This funding has enabled local clinician and staff involvement in the system redesign work including clinical staff (both hospital and primary care), commissioning resource, and Lay representation to oversee processes and ensure co-production and good engagement/involvement integral to the project. |
| SUB TOTAL                               | £2,997,680 |   |
| Initiatives funded                      |            |   |
| Additional Adult Safeguarding capacity  | £27,893    | Safeguarding lead post to maintain and improve safeguarding arrangements during transition to integrated services   |
| IT and IT implementation costs          | £83,462    | Technology Enabled Care pilot roll-out in 2 Care Homes and 2 x Nursing Homes, System 1 Roll out to community services.  |
| Falls Booklet                           | £1,059     | Production and distribution of Falls Booklet  |
| Adult Social Care                       | £74,255    | Backfill for Adult Social Care to support Integrated Locality Services development  |
| Localities Social Work & support        | £250,507   | Provision of 7 day social work and new domiciliary support service  |
| Hospice support - Integrated Localities | £9,600     | Training provision for community staff and GPs re End Of Life fast track funding  |
| Hospice End of Life Training            | £33,600    | Training provision for health and social carers re End of Life palliative care  |
| Hospice shared packages of care         | £25,000    | Shared packages of care with other Domiciliary Care agencies  |
| Dementia trainer                        | £5,098     | Development and implementation of integrated dementia, safeguarding and end of life care training across the health and care system on the Island.  |

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| Mental Health – Crisis Cafe      | £160,000 | Phase 2 of Serenity Safe Haven project.   |
| Parish Council involvement       | £15,000  | Establishment of core structure to enable community involvement at locality level   |
| Market analysis                  | £38,789  | Capacity and expertise to conduct a strategic analysis of the current market position, the impact on the market of reconfiguration proposals and recommended strategies to address changes.   |
| Primary Care projects            | £174,786 | Implementation of 4 projects to develop models of Primary Care: <ul style="list-style-type: none"> <li>• Introduction of Muscular Skeletal specialist</li> <li>• Remote consultations</li> <li>• Triage service change</li> <li>• Back office and admin review</li> </ul> |
| Local Area Coordination          | £162,905 | 3 Local Area Co-ordinators and Lead post to manage implementation across localities   |
| GP Champions                     | £112,383 | Provision of expert GP input in to Transforming Community Services Programme, supporting governance and implementation of Integrated Locality Services (3 x GP Champs). Contribution reduced during year to 1 day per week.   |
| Care Navigators                  | £132,256 | 3 Care Navigators to work in the community as part of the overall care navigator resource   |
| Case Management of those at risk | £39,944  | Introduction of Local Incentive Scheme (LIS) for GP practices and recruitment of Multi-Disciplinary Team Co-ordinator   |
| Rally Round                      | £20,000  | Piloting of the Rally Round on line support system with a license for 18 months   |
| Isle Help                        | £3,000   | Development of the Isle Help website  |
| Falls don't just happen training | £15,800  | Supporting development of a community based falls prevention service  |
| Acute Frailty Service            | £96,986  | Provision of short-term, additional resources to support the implementation of re-configured emergency pathways for frail/elderly patients  |

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| Transforming Outpatient Services        | £50,126    | Provision of project support and clinical backfill to review and improve outpatient processes across specialities and reduce waiting times for population   |
| Paediatric Assessment Unit              | £25,000    | Supporting the development of a Paediatric Assessment Unit that enables rapid assessment of children in order that they receive the service appropriate to their needs in the least restrictive environment, as close to home as possible |
| Urgent Care – GP Training Practitioners | £215,435   | Short-term supernumerary GP cover, to train and supervise the new Community Practitioners (CPs) and Advanced Nurse Practitioners (ANPs).  |
| SUB TOTAL                               | £1,772,884 |   |
| TOTAL                                   | £4,770,564 | Total funding allocated by NHSE New Care Models Team £4,740,000<br>Local Partnership funding from MLAFL reserve contributing £30,564 towards the overall costs.   |

Work underway to measure impact of these schemes against initial outcomes set.

### **2017/2018 Vanguard Funding**

New Care Models 17/18 funding allocation letter has now been received and is provided as an appendix to this paper. This confirms the IOW Vanguard funding allocation of £1.685 million for the first 6 months of the year, with review point upon which quarter 3 and 4 money will be dependant. This funding comes with requirement to meet the following conditions:

1. Implement the Primary and Acute Care System Framework during 17/18,
2. Deliver impact in reducing non-elective hospital admissions and bed days as well as impact locally agreed measures
3. Meet 4 objectives – in common with all other PACS vanguards
  - a. Have implemented the national framework in a consistent and sustainable way by the end of the 3<sup>rd</sup> quarter of 17/18
  - b. Collectively with other vanguards and the New Care Models team develop and adopt standard operating methods
  - c. Provide local peer assistance and leadership in helping spread the implementation of the IOW model across the HIOW STP area, including a requirement to spend 10% of the funding to support this.
  - d. Have made a visible positive contribution to wider national learning.

4. National funding may only be spent on delivery of new models of care, and not on core ongoing business, wider provider development or for any other purpose. National funding may only be used to fund programme management costs up to 10% of total programme value, unless agreed explicitly with NCM PACS Vanguard lead.

In order to receive the first quarter funding the system must meet the following 3 conditions which are specified in the funding letter.

1. The IOW local delivery system must communicate the approach and milestones in place to produce a system wide transformation plan that aligns to the STP vision.
2. The IOW must maintain momentum on system wide delivery of changes and provide details of the milestones and deliverables for Quarter 1 and Quarter 2 of 2017/2018.
3. The IOW local delivery system must have produced a system wide transformation plan that enables delivery of the STP vision by the end of June 2017.

As with previous years, national transformation funding may only be spent on delivery of new models of care and not on core ongoing business, wider provider development or for any other purpose.

The letter also makes clear that there will be no additional national funding for existing vanguards beyond March 2018.

In terms of allocating the 17/18 Vanguard funding– this will be agreed jointly across the system using the relevant joint committee – to be agreed by System Leadership. Current proposal includes transformation plan and associated funding being overseen at System Wide Transformation and Turnaround Board - recognising the meeting set up and attendance will need to change to enable this.