

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**REPORT ON THE ASSURANCE PROCESS FOR 'EVERYONE COUNTS'**  
**FUNDING FOR OVER THE OVER 75 AGE GROUP**

<b>Date of the meeting</b>	19/11/2014
<b>Author</b>	S Shead, Director of Quality
<b>Sponsoring Clinician</b>	P French, Locality Chair for East Bournemouth and Mental Health and Learning Disability CCP Chair
<b>Purpose of Report</b>	This reports details the assurance process which has occurred to date in relation to the funding for the Over 75's within Primary Care, and proposes an assurance framework for the ongoing monitoring of the service provided utilising these funds.
<b>Recommendation</b>	The Governing Body is asked to <b>approve</b> : <b>a) The Key Performance Indicators</b> <b>b) The proposed future assurance process</b>
<b>Stakeholder Engagement</b>	Member practices have submitted business plans to commission and/or provide services using this funding. Governing Body clinical members have been part of the assurance process to date.
<b>Previous GB / Committee/s, Dates</b>	None

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓	✓	
Legal/Regulatory	✓		✓
People/Staff	✓	✓	
Financial/Value for Money/Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓

# 10.10

Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : SES

## 1. Introduction

- 1.1 NHS England determined, in its planning for patients in 2014/15 'Everyone Counts', that CCGs will be expected to support practices in transforming the care of patients aged 75 or older and reducing avoidable admissions by providing funding for practice plans to do so.
- 1.2 They are expected to provide additional funding to commission additional services which practices, individually or collectively, have identified will further support the accountable GP in improving quality of care for older people.
- 1.3 This funding should be at around £5 per head of population and Dorset CCG has agreed that this funding will be allocated according to the number of over 75s per practice population, which equates to £43.70 for patients aged 75 and over, and a total sum for the CCG of £3.88 million.
- 1.4 The guidance states that practice plans should be complementary to initiatives through the Better Care Fund and the Direct Enhanced Service for avoiding unplanned admissions.
- 1.5 Dorset CCG Governing Body voted at the meeting held on 21 May 2014, for applications for this funding to be made at either individual Practice level or on a wider locality basis. Since then, member practices, via their Locality leads, have submitted business plans to support their applications for this funding.
- 1.6 At the time of writing this report, a total of 44 business plans had been received by the CCG and reviewed by an Assurance Panel, as per the framework which had previously been agreed (Appendix 1). Some of these plans are collaborative, and cover a total of 81 practices.
- 1.7 A total of 31 of the 44 have been fully approved, 12 have some elements of the plans approved but require some further work to be fully approved and one has not been approved. The 12 requiring further work cover 14 practices. **Therefore, 66 practices now have approved plans in place.**
- 1.8 Those which have been approved are progressing to the contractual stage and will start to be implemented imminently. The ones which require further work are being reviewed by the panel as they are revised to ensure a swift response to enable the plans to be agreed as quickly as possible.
- 1.9 It is expected that the remainder of the member practices of the CCG will submit plans and commence schemes by the end of the year.
- 1.10 An assurance process for the ongoing assessment and review of these plans, which includes measurement against agreed Key Performance Indicators (KPIs) now needs to be agreed by the Governing Body.

## 2. Report

### Quality

- 2.1 It is proposed that there should be a consistent simple set of KPIs by which all of the schemes' successes will be measured.
- 2.2 The CCG Business Intelligence Team is able to collate the information required and provide reports on the proposed KPIs, which will minimise the amount of information required to be provided by the practices/localities.
- 2.3 The proposed KPIs are as follows:

#### For all plans

- minimum of 3.5% reduction in non-elective admissions, measured by the following subsets:
  - \* reduction in Top 10 Cluster of Primary Diagnosis reasons for admission, including UTI, respiratory, Pneumonia, Stroke and Heart Failure;
  - \* reduction in admissions at the weekend;
  - \* reduction in multiple admissions;
  - \* reduction in A&E attendances;
  - \* reduction in non-elective admissions to hospital from nursing homes or residential care homes;
- anticipatory care plans for an additional 2% (over and above the 2% for the DES) of most vulnerable patients;
- increase of special messages to Out of Hours (for at least 2% of patients).

#### For those plans including additional targeted clinics

- number of people invited to Over 75 clinics, with agreed targets and trajectories for improvement.
- 2.4 The standard NHS Contract will be used for the CCG to contract with each practice for each of these schemes. It is recommended that the initial contracts will be for two years, to allow time for the schemes to embed and for proper evaluation of their effectiveness.
  - 2.5 However, it is acknowledged, that some practices and localities have developed shorter term plans with a view to developing longer term plans over the next few months. Therefore, the contract lengths may vary.

- 2.6 It is proposed that members of the assurance panel will review the plans at six monthly intervals. They will be reviewed for their effectiveness measured against the agreed KPIs. The Business Intelligence team will provide this information for the panel.
- 2.7 In addition to this, the Business Intelligence Team will produce a scorecard with the metrics proposed on a regular basis - at least quarterly.
- 2.8 It is acknowledged that the reviews of each plan will require local interpretation and will not be based totally on the KPIs.
- 2.9 A summary report will be produced following these reviews to provide an overview of how the schemes are performing against their KPIs, and this will be submitted to the Governing Body (or sub-group) for their oversight.
- 2.10 It is expected that learning from the more successful schemes will be shared across the CCG to enable the less successful areas to improve their performance.

### **Budgetary Impact**

- 2.11 The contracts for each of the schemes will include an agreement that 90% of funding will be paid in equal proportions, and that a reconciliation process will then take place in respect of the actual costs at the end of February in each year and at the end of the contract period. This enables the CCG to have a final end of year position to report in the accounts and to ensure that appropriate costs have actually been incurred.

### **People/Staff**

- 2.12 Staff costs will require evidence of an establishment (FTE) change, evidenced from commencement of the plans being put in place, and these pay costs will be assumed at the agreed cost card rate, even if the actual cost differs.

### **Financial/Value for Money/Sustainability**

- 2.13 Non-Pay costs will need to be evidenced in full and costs will be met on an actual cost basis on that evidence.

### **Equality Impact Assessment**

- 2.14 Each of the business plans submitted is required to complete an Equality Impact Assessment, and these are reviewed by the assurance panel as part of the initial sign-off process.

## **3. Conclusion**

- 3.1 The majority of member GP Practices have submitted business cases for the funding available for preventing unplanned admissions in those aged over 75.

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The majority of these cases have now been approved by an assurance panel which has applied the previously agreed assurance process. Some business cases require some further work to make sure that they demonstrate that their plans fulfil the assessment criteria.

- 3.2 A set of consistent KPIs for all of these schemes and an ongoing assurance process of six monthly reviews is proposed to ensure that the CCG are assured that these funds are delivering the required outcomes and value for money.
- 3.3 The Governing Body is asked to approve the proposed KPIs and the assurance process.

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**Date : 20.10.2014**

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Framework for Improving Care for Older People 2014-15</b>