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NHS
Shropshire
Clinical Commissioning Group

Programme Highlight Report

Project Name:	Shropshire Care Closer to Home		
Date:	18th October 2018	**Release:**	Report #4
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Reporting to:	Shropshire Care Closer to Home Programme Board		
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Note: This document includes updates and information that is true and accurate on the date detailed above.

Revision History

Date of next revision:

Revision Date	Previous Revision Date	Summary of Changes	Changes Marked
5/6/18	NA	First Draft	NA
5/7/18	5/6/18	Amended version and updated to include progress to date	NA
18/7/18	5/7/18	Final version agreed with inclusion of Vision, and RAG rated status udpates	No

Approvals

This document requires the following approvals. A signed copy should be placed in the project files.

Name	Signature	Title	Date of Issue	Version
Lisa Wicks		Commissioning & Redesign Officer, Out of Hospital	18/10/18	02 - #4
Jessica Sokolov		Programme Chair and Clinical Lead	18/10/18	02 - #4

Distribution

This document has been distributed to:

Name	Title	Date of Issue	Version
Shropshire Clinical Commissioning Committee	Committee Members (ToR)	17/10/18	02 - #4
Shropshire Care Closer to Home Programme Board Members	Multiple members (ToR)	18/10/18	02 - #4

Overview

Vision

Using all available resources to commission integrated health and care services that are clinically effective and cost-efficient and as close as possible to where people with the greatest need live.

Purpose

A Highlight Report is used to provide the Shropshire Care Closer to Home Programme Board, and possibly other stakeholders, with a summary of progress and the stage status at intervals defined by them. The Programme Board shall use this report to monitor stage and project progress. The Project Management Team also uses it to advise the Programme Board of any potential problems or areas where the Programme Board could help.

Contents

Advice

The Highlight Report is derived from the: Project Initiation Documentation; Project Management Plan, Risk Register, Issue Register, Quality Register, Communication & Engagement Strategy, and actual progress against plan.

The Highlight Report can take a number of formats, including: Presentation to the Programme Board and CCC (physical meeting or conference call); Document or email to the Programme Board; Entry in the project management tool.

The following quality criteria should be observed:

- The level and frequency of progress reporting required by the Programme Board (monthly) is right for the stage and/or project
- The Project Management Team provides the Highlight Report at the frequency, and with the content, required by the Programme Board
- The information is timely, useful, accurate and objective
- The report highlights any potential problem areas.

Date of Highlight Report	Thursday 18th October 2018
Period Covered	20th September 2018 – 18th October 2018

Status Summary & Update

Phase 1 - Frailty Intervention Team in place at RSH with plans being developed to implement at PRH.

Phase 2 – Risk Stratification and Case Management model approved by the CCG Clinical Commissioning Committee on 15th August 2018. Additional resource now focusing on progressing the Alliance Agreement Partnership needed to enable subsequent operationalisation of the model through developing more detailed service delivery and workforce models that underpin demonstrator pilot sites. The overall delivery for Phase 2 remains as detailed on the original timeline although pace is required if any significant change is to be realised before December 2018 and the pressures that come with the core winter period. Next steps are currently reliant on the signed Alliance Agreement being in place to underpin the approach of integrated joint working.

Phase 3 – After the Programme Working Group and Board agreed to delay the design and modelling of Phase 3 to optimise availability and involvement of stakeholders, intensive design sessions for the three workstreams of Phase 3 (Rapid Response, Hospital at Home, Step Up/Down beds) have been arranged for end of October and into November; with a week dedicated to each of the workstreams. The approach is a series of focused collaborative co-design sessions co-ordinated from a central design room or hub, to which various stakeholders, patient representatives, GP colleagues and providers are invited. To date the design sessions have proved problematic with limited response to the invitations.

In order to maximise stakeholder involvement and engagement, a template has also been developed that allows comment, suggestions and feedback to be submitted for inclusion in the design process. This allows individuals who were unable to attend any of the design workshop sessions to still have the opportunity to contribute and be involved.

The information gathered from the design workshops and submitted written contributions will be consolidated in December 2018, before going out for further comment and input during the engagement process, stakeholder events and GP locality meetings in January 2019. In total, this structured approach provides three opportunities for everyone across the health and social care economy to be involved.

These additional steps in the design process, and involvement & engagement create a 4 month delay to the Phase 3 timeline against the original plan. Some of that is offset however by confirmation from NHS England that on any of the programme areas where it is required, no consultation can take place before May 2019 due to other another one happening at the same time, and possible purdah from T&W elections taking place.

On Thursday 20th September 2018 the Programme Board agreed to identify which areas of Phase 3 could be progressed without the need for formal consultation and separate out the timeline accordingly. Whilst the initial thinking was that only Step Up Beds could potentially require public consultation due to the nature of that change, it was agreed that formal consultation requirements would be determined once the models emerge; giving a clearer idea of any potential changes.

Some of the consultation requirements are also offset through comprehensive involvement and engagement in the earlier design and development stages.

The general consensus from all stakeholders is one of support, and a keenness to see these models developed and implemented as soon as possible.

The revised Phase 3 timeline incorporates the following key dates:

- October & November 2018
  - Design workshops
  - Present progress updated to GP localities
- December 2018
  - Additional contribution through template, and consolidation of all outputs
- January 2019
  - Public/patient and provider engagement
  - GP Locality workshops
- February 2019
  - Consolidate outputs and prepare longlist proposal
- March 2019
  - CCC option appraisal of longlist – to agree shortlist
- April 2019
  - Engagement and possible pre-consultation on shortlist
- May 2019
  - CCC option appraisal of shortlist – to agree preferred model(s)
- June 2019
  - Either commence mobilisation of agreed model if consultation is not required, or commence formal consultation on areas where it is deemed necessary.

The comprehensive programme communications and engagement strategy is in place, along with senior level communications and engagement resource supported & provided by the Community Trust to orchestrate the activities of the comms resources that were identified as being available in each of the providers.

SharePoint being further developed to become a shared platform and portal of communication through which all programme documentation will be shared and accessed in a controlled way. To be shared with other users over the next month. As at 1st October 2018 there are 17 users.

Dedicated IT Task & Finish Group working on all matters relating to IT and data infrastructure needed to support the programme, including shared data and the development of an electronic shared Care Plan.

Due to workforce gaps in the Shropshire Council team, it has been advised that the information for the JSNA will not be available until end of November 2018. Communication also received that the report being developed may not provide the level of detail expected and therefore discussions are underway to determine the impact of this delay on the programme, and whether the level of detail promised meets requirements. Both the delay in availability of a JSNA, and relevance of its contents is being logged as a Programme Risk.

This Reporting Period

Project Plan Areas

Project Plan Ref	Work Package Name	Status[1]	Notes[2]
1	Programme Management	In place	As per overarching Project Plan
2	Vision & Model Design	In progress (Phase 3 delay)	As per plan according to each of the agreed phases, but with 4 month delay to Phase 3 timeline.
3	Impact Assessments	In progress – behind agreed timeline	Joint Strategic Needs Assessment under development by Shropshire Council. Full QIA, PIA and EQIA to be completed on agreed models. QIA on Phase 2 complete.
4	Phase 1	In place	FIT requirements in SaTH should diminish and reduce in time with the implementation of Phase 2. Positive impact reported with plans being developed to expand and rollout to PRH.
5	Phase 2	In progress	Final preferred model for risk stratification and case management agreed by the CCC. Developing operational and workforce models for implementation once Alliance agreement in place.
6	Phase 3	In progress (delay)	Scoping model options & possibilities. Design sessions planned for October & November.
7	Patient Involvement	Ongoing	Regular stakeholder workshops and ability to email queries. Further What Matters to Me events to be arranged.

[1] Either Pending Authorisation, In Execution or Completed (in the period)
[2] For example if Work Packages are being performed by external suppliers, this information may be accompanied by purchase order and invoicing data

Project Plan Ref	Work Package Name	Status[3]	Notes[4]
8	Comms & Engagement	Ongoing	Strategy and plan finalised. High level support in place to oversee strategy and orchestrate comms activities of various providers.
9	Quality & Safety	Pending	To be reviewed once shortlist of model options is being finalised. Phase 2 QIA complete.
10	Finance	Pending	To be modelled and reviewed once shortlist of model options is being finalised, and dependant on alliance working or not.
11	Workforce	Pending	To be reviewed once shortlist of model options is being finalised, and dependant on alliance working or not. Remit of provider(s).
12	IT	In progress	Dedicated IT Task & Finish Group addressing data and IT infrastructure requirements (data sharing, risk stratification tools and shared electronic Care Plan, emergency care plan and end of life plan).
13	Options Appraisal Process	Pending	Consultation not required for Phase 2, and will be planned in for Phase 3 – the formal requirements dependant on the models and potential changes that emerge.
14	Decommissioning	Pending	Decision depends on alliance working outcomes.
15	Procurement & Contracting	Pending	To commence once model is agreed and again, dependant on outcome of alliance discussions.
16	Commissioning	Pending	To commence once model is agreed, and again, dependant on outcome of alliance discussions.
17	Enhanced Commissioning	Pending	To commence once model is agreed.
18	Pilot Demonstrator Sites	Pending	To be developed, pending the outcome of alliance working discussions.
19	Full Mobilisation	Pending	To commence once model is agreed and/or following pilot of demonstrator sites.

[3] Either Pending Authorisation, In Execution or Completed (in the period)
[4] For example if Work Packages are being performed by external suppliers, this information may be accompanied by purchase order and invoicing data

Project Plan Ref	Work Package Name	Status[5]	Notes[6]
20	Monitoring and Evaluation	Pending	Independent clinical review of implemented models. Routine monitoring and reviews established following mobilisation, feeding back into a constant loop of improvements or changes if necessary (PDSA).

Products

Product Ref	Product name	Status[7]	Notes[8]
P1	**Aristotle**	**In progress**	**Being utilised as the software to support and enable risk stratification. Meetings being planned to ascertain reporting criteria.**
P2	**Information Leaflet**	**Complete**	**Overview information leaflet ratified. Circulated widely to the media and public from, and uploaded to the CCG website 1st August 2018.**
P3	**Generic Email**	**Complete**	**Generic programme email address established for public to make contact.**
P4	**Ideas Proforma**	**In progress**	**Template to be used for the submission of concepts to the Programme Board for consideration of inclusion within the Programme. Final changes to process being agreed.**
P5	**Staff Briefing**	**Complete**	**Provided and actioned by each provider organisation on 1st August 2018.**
P6	**FIT evaluation**	**Complete**	**Evaluation of RSH pilot of frailty intervention team complete.**
P7	**Preferred Case Management Model**	**In Progress**	**Model identified through collaborative design process and approved by the Clinical Commissioning Committee making decision on 15th August 2018.**
P8	**SharePoint**	**In Progress**	**SharePoint platform being developed which will provide one online forum to hold all papers, reports and documents relating to the programme; improving shared access and visibility of programme information**
P9	**Primary Care Networks**	**In Progress**	**NHSE initiative that reflects the intentions and aspirations of Case Management in the Care Closer to Home Programme. Work underway to map synergy to ensure integrated approach. SOP on case management and risk stratification operational compliance for GP colleagues also being developed for inclusion in a Primary Care Commissioning Framework.**

[5] Either Pending Authorisation, In Execution or Completed (in the period)
[6] For example if Work Packages are being performed by external suppliers, this information may be accompanied by purchase order and invoicing data
[7] Completed (in the period), Planned (but not started or completed) or Underway (as planned)
[8] Indicate if any products are running behind schedule.

Corrective Actions Undertaken

- **Overall Phase 3 timeline deferred by four months to allow for improved availability from stakeholders and thorough & inclusive design involvement and engagement process.**
- **Reminder involvement email issued 3/10/18 due to continued issues with stakeholder engagement in the design workshops.**

Next Reporting Period

Project Plan Areas

Project Plan Ref	Work Package Name	Status[9]	Notes[10]
1	Programme Management	In progress	Ongoing programme management, revisiting timeline phasing to reflect Phase 3 delays.
2	Model Design	In progress	Further shaping of Case Management. operational & workforce model. Design of Phase 3 options.
3	Impact Assessments	In progress	Risk assessment completed on impact on programme of JSNA not being available.
4	Phase 1	In Progress	Ensuring ongoing links to Phase 2. Ongoing evaluation. Plans being developed to expand, and rollout at PRH.
5	Phase 2	In progress	Focus on getting signed Alliance Agreement in place to enable collaborative development of operational service delivery and workforce plans for implementing demonstrator pilots, legal framework, outcomes and service specification.
6	Phase 3	In progress	Design and map a longlist of possible model options with further involvement and engagement in January 2019. Longlist of options by March 2019.
7	Patient Involvement	In place	Regular stakeholder workshops and ability to email queries. Planning further 'What Matters to Me' events.
8	Comms & Engagement	In progress	Ongoing maintenance of dedicated section of CCG website, replenishing and updating with new and additional information. Proactive media plan, and mobilisation of the comms & engagement strategy/plans.
9	Quality & Safety	Pending	To be reviewed once shortlist of model options is being finalised. Phase 2 QIA complete.

[9] Either Pending Authorisation, In Execution or Completed (in the period)
[10] For example if Work Packages are being performed by external suppliers, this information may be accompanied by purchase order and invoicing data

Project Plan Ref	Work Package Name	Status[11]	Notes[12]
10	Finance	Pending	To be reviewed once shortlist of model options is being finalised, and dependant on alliance working or not.
11	Workforce	Pending	To be reviewed once shortlist of model options is being finalised, and dependant on alliance working or not.
12	IT	In progress	Ongoing dedicated IT Task & Finish Group meetings taking place and reporting into the Programme Working Group and Board.
13	Options Appraisal	Pending	Phase 2 complete and model agreed, with no required consultation. Option appraisal process for Phase 3 will take place between March and May 2019, with the need for formal consultation to be determined by the models that emerge from the design process. Confirmation given by NHSE that even where consultation is required, none can take place before May 2019 due to another consultation taking place.
14	Decommissioning	Pending	Decision depends on alliance working outcomes.
15	Procurement & Contracting	Pending	To commence once model is agreed and again, dependant on outcome of alliance discussions.
16	Commissioning	Pending	To commence once model is agreed, and again, dependant on outcome of alliance discussions.
17	Enhanced Commissioning	Pending	To commence once model is agreed.
18	Pilot Demonstrator Sites	Pending	To be developed, pending the outcome of alliance working discussions.
19	Full Mobilisation	Pending	To commence once model is agreed and/or following pilot of demonstrator sites.
20	Monitoring and Evaluation	Pending	Independent clinical review of implemented models. Routine monitoring and reviews established following mobilisation, feeding back into a constant loop of improvements or changes if necessary (PDSA).

[11] Either Pending Authorisation, In Execution or Completed (in the period)
[12] For example if Work Packages are being performed by external suppliers, this information may be accompanied by purchase order and invoicing data

Products to be completed

Product Ref	Product name	Notes
P1	**Aristotle**	**Discussions underway with CSU and STP on capabilities of system, eligibility criteria, and primary care data sharing (via STP IT Group)**
P3	**Generic Email**	**In place. Process for monitoring, management and response to queries will sit within remit of newly identified comms resource.**
P4	**Ideas Proforma**	**Review process behind the proforma for submitting ideas to Programme Board for possible inclusion in Programme.**
P8	**SharePoint**	**Further development of SharePoint platform as the online forum that will hold all papers, reports and documents relating to the programme; improving shared access and visibility of programme information.**
P9	**Primary Care Networks**	**Alignment and synergy mapped to ensure integrated approach between Care Closer to Home Programme, clustering of GP Practices into networks, and this NHSE primary care initiative. SOP on case management and risk stratification operational compliance for GP colleagues also being developed for inclusion in a Primary Care Commissioning Framework.**

Planned Programme Corrective Actions

- **Refreshing timeline to incorporate Phase 3 delays and variability in consultation requirements.**
- **Ongoing analysis of other initiatives which may be addressing the same cohort of patients identified in this programme – added to risk log as potential overlap and duplication.**
- **Ensuring alignment with NHS England Primary Care Networks initiative.**
- **Revisiting resource and approach in order to optimise required involvement and engagement.**

Project and Stage Tolerance Status

Scope

Phase 2 of the programme is on track within its agreed scope. Phase 3 will be delayed by a total of four months to the original timeline due to availability of required stakeholders in the design process, and additional levels of thorough and inclusive involvement and engagement of providers, GP's and practices, patients and public. Some of this delay however is offset by the fact that we cannot consult on the areas of Phase 3 where it may be required as originally intended due to other consultations taking place at that time. Clarity on what aspects require formal consultation will be ascertained as the models emerge from the design process, and the level of involvement & engagement at earlier stages in the design process. The overall timeline for Phase 3 based on these requirements is therefore delayed by four months, with a longlist now being available by March 2019, and the option appraisal process running to May 2019 when it is anticipated there will be identified preferred models.

Cost

No available funding and costs of remodelling services are yet to be identified through the design and option appraisal process. It is anticipated however that the same monies currently spent on community based services will be used differently, meaning no significant change on current funding and costs. Any costs will be offset by the eventual admission avoidance from secondary care of 4,586 patients per annum (not taking into account any potential impact from other initiatives that may reach the same cohort of patients, such as Frailty Intervention at the Front Door, follow up telephone care and support to enable timely discharge).

Timings

The actual against planned timings of the 3 agreed phases are as follows:

- *Phase 1* – in place with ongoing evaluation and plans to expand to PRH.
- *Phase 2* – on track. Collaboratively designed and formally approved Case Management model ready for next steps of shaping the more detailed operational service delivery and workforce models that would enable demonstrator pilot sites; before wider rollout across the county. Draft outcomes framework and service specs being reviewed and finalised. Enhanced focus in place on achieving the alliance agreement which is needed to ensure integrated joint working and commonality of aims and objectives.
- *Phase 3* – delayed by four months, intensive design sessions scheduled to take place late October and throughout November. Stakeholders also able to contribute in writing through a design input template mechanic. Further involvement and engagement workshops to take place January 2019. Working towards having a tangible longlist of model options for CCC consideration by March 2019 to commence the option appraisal process.

Requests for Change

Change Description	Raised	Pending	Approved	Rejected
Dementia to receive its own transformation programme	✓			✓*
Care and Voluntary Sector to be included in design workshops	✓		✓	
Bring Community Equipment Review into the Programme	✓	✓		
Provider organisations develop and implement their own staff briefings	✓		✓	

* *Rejected on the proviso that dementia is factored into the wraparound care being developed through Case Management.*

Key Issues and Risks

Risk or Issue	Potential	Actual	Mitigation
Inadequate comms and engagement resources to support programme		✓	Risk closed.
GP termination of LES could place stress on the health system leading to potential untoward consequences	✓		
Failure to align other programmes of work such as Future Fit, GP Out of Hours, Frailty and QIPP schemes which may result in double counting and reduced projected impact.		✓	Logged as a programme risk, and ongoing analysis to ensure alignment with other initiatives and identify areas of possible overlap.
Alliance working		✓	Discussions ongoing to help enable the development of a clear course of action.
Introduction of T&W Frailty unit could have a negative impact upon staffing FIT at RSH, and may destabilise the health economy in the absence of robust impact assessment	✓		
Delays in development of mapped out model options in Simul8		✓	Interim solution – mapped pathways created as images for use in locality task & finish groups.
Delays on implementation of Phase 3 due to NHSE consultation requirements and protocol.		✓	Actual delay being finalised before rephasing the programme timeline.
Possible delay to overall delivery of the programme, with subsequent impact on delivery of Future Fit as a result of not having a JSNA.	✓		Risk and potential impact escalated to Shropshire Council. Additional risk of delay in receiving JSNA, and whether the information will be fit for purpose.
Limited uptake and engagement by stakeholders in the Phase 3 design sessions.		✓	Would need to adopt a totally different approach to the design process.

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