Rutland County Council

NHS
East Leicestershire and Rutland Clinical Commissioning Group

Business Case

BCF Priority: Unified Prevention

Date completed: May 2016

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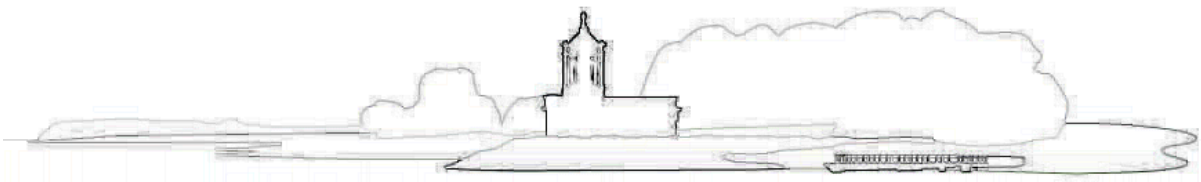


DOCUMENT CONTROL

Change Control History

Version	Change Summary	Change author	Date
0.1	First draft	Trish Crowson	May 2016
0.2	Second draft (confirmation of leads, alignment of common sections)	Trish Crowson, Sandra Taylor	Juen 2016

Approval Schedule

Integration Executive: 26 May 2016

Health and Wellbeing Board: 28 June 2016

How to briefly describe this Activity to a Service User

“Prevention is better than cure.”

“Helping people to help themselves”

This work includes a range of activities that will help to provide people with information, advice and sources of support, to help keep them both physically and mentally well. For example helping people to keep fit, improve their balance and to access some helping aids which would reduce the likelihood of having a fall. An up to date coordinated information service for public and professionals; support and help in accessing information and services in the community.

1 Description of Priority

Whilst overall life expectancy has been rising in recent decades, the years people spend in good health has changed little. Healthy life expectancy in Rutland (the number of years lived in good health) is similar to the England average for men and better for women – (currently 66.1 years for men and 71.3 years for women) - this contrasts with life expectancy of 81.4 for men and 85.9 for women[i]. The number of older people living with more than one chronic condition has risen by over 10 per cent in the last decade.[ii] This means that a sizeable proportion will be affected by poor health for a significant number of years – requiring additional support and care. It is therefore important to give added attention to prevention and enable people to remain well whenever possible through primary prevention activities, removing risk factors before they have done harm and also using secondary prevention to diagnose disease early and delay its progress. The programme will mean Rutland people will have access to arrange of support early enough to enable them to feel more in control and to live healthier independent lives and stay within their own communities for longer.

1.1 Priority objectives

- To help people live healthier lives
- To help people stay well for longer
- To direct and sign post people and their carers to enable them to help themselves and to manage their own care.
- To ensure people can keep themselves well and know where to go to get information and advice if needed about what is available in their communities.
- More self-sufficient, self-sustaining communities, tackling social isolation
- People feel supported to live independently at home.
- To delay the need for invasive and costly health and social care packages and avoiding hospital and care home admissions
- To reduce the likelihood of people falling and reduce admissions from injuries due to falls
- To increase awareness within Care Homes of how to prevent falls and manage fallers
- To make available equipment and/or adaptations that provide independence and peace of mind for users and carers.

1.2 Key deliverables

Scheme deliverable	Delivery targets
A central, coordinated, easy to use Rutland online health and wellbeing information service providing up to date local information and links to regional and national support; for public and professionals alike.	March 2017 operational and coordinated across partners
New community groups and support networks established and supported to become independent, connected and operating across	March 2017

Scheme deliverable	Delivery targets
a spread of communities in Rutland.	
Community agents and other advice services available in GP practices and in the community offering advice, support and signposting to enable practice staff to focus on more complex care needs.	January 2017
A range of falls prevention projects delivered, evaluated, progress shared and intelligence used to shape new areas for development. To extend skills and knowledge and prevention activities to prevent falls.	Autumn 2017
To identify unmet prevention priorities and opportunities in partnership and put in place projects / schemes up to the value of uncommitted resources.	July 2017
New community prevention & wellbeing service developed through co-design process and commissioned to enable new service to be in place for April 2017	April 2017
Extend the number of people using Assistive technologies to support independence and broaden the range of technologies available to meet differing needs.	Plan in place September 2016
Deliver Disabled Facilities Grants where they are required.	March 2017
A review of Disabled Facilities Grants scheme undertaken and new approach developed to increase impact and appropriateness.	September 2017

1.3 Scheme milestones

Activity	Milestone	Dependency	Responsible	Start	End
Coordination and communication	Develop a coordinated approach to promoting health, wellbeing and prevention information and link as appropriate with programmes such as One You.	Each of the strands of this activity to be taken forward through a task and finish group	Sandra Taylor & Trish Crowson	June 16	March 2017
	Deliver Phase 2 of the Rutland information Service alongside the council website redevelopment		Sandra Taylor/ Trish Crowson & Task group	Sept 16	March 2017
	Development of information platform to better communicate available activities and services (all sectors), including regular usability testing with end users and monitoring via Google Analytics		Sandra Taylor/ Trish Crowson & Task group	Sept 16	*March 2017*

Activity	Milestone	Dependency	Responsible	Start	End
	Undertake an up to date end user focussed needs analysis to identify what information is needed to support unified prevention and self- care			May 16	Sept 16
	Streamline community information/ advice and guidance. access points through commissioning of an integrated prevention and wellness service			June 16	March 17
Community prevention and wellbeing services	Align where appropriate with BCT approaches on prevention (e.g BCT prevention workshop proposals) and making every contact count.		Tracey Webb & Neil Lester	May 16	March17
	Embed changes to ASC prevention and safeguarding team and introduce new monitoring framework		Tracy Webb, Neil Lester and Kelly McAleese		Aug 16
	Steer, review and evaluate falls prevention projects. Identify next steps /develop plan to shape new or adapt or extend projects		Kerry Tobin	July 2016	Dec 16
	Community Agents Scheme to expand community capacity building as well as numbers of individual support in the community across the county		Trish Crowson via Spire Housing/Community Agents	April 16	March 17
	Bring current prevention services together to 'wraparound' Primary Care services	Coordinate with LTC case management – primary care wraparound	Neil Lester &Tracey Webb	August 16	March 17
	Under take Phase 1 of the commissioning of new integrated Community Preventative and Wellness Services, including co-design with stakeholders and potential service users	Subject to suitable bidders participating in the process of redesign and commitment throughout the summer	Karen Kibblewhite	April 16	Sept 16

Activity	Milestone	Dependency	Responsible	Start	End
	Undertake the procurement for integrated Community Preventative and Wellness Services, encompassing mainstream and BCF funded activity	Subject to suitable models and range of services included/ and or commissioned separately	Karen Kibblewhite	Septemb er 16	March 17
Life planning - prevention	Review and identify barriers to use of Assistive Technologies to increase access to and range of technologies available for differing needs. Develop further Assistive technology use within early preventative life planning, identifying barriers to current usage	Need to ensure a consistent process able to cope with staff changes to ensure continued access for individuals	Kerry Tobin and Sarah McCormack	June 16	Aug 16
	Evaluate the Speakset pilot to consider ongoing need and future development		Kerry Tobin		Sept 16
	Ensure Assistive Technology services to meet needs is commissioned whether through integrated service or otherwise	Current contract rolled forward to March 17.	TBC		March 17
	Review current projects and identify any unmet prevention priorities and opportunities in partnership. Put in place projects / schemes up to the value of uncommitted resources.	Effective use of underspend subject to review. Information used to resource short term projects and inform integrated service design outlined below	Trish Crowson/ Kerry Tobin	May 2016	August 16
Life planning - DFGs	Align where appropriate with BCT. Confirm adjusted approach to Disabled Facilities Grants to broaden DFG scope and impact		Neil Lester Kim Sorsky and Sarah McCormack	May 16	Sept 16
	Implement new model of delivery for DFGs and		Kim Sorsky	Jul 2016	March 17

Activity	Milestone	Dependency	Responsible	Start	End
	adaptations		and Sarah McCormack		

1.4 Exclusions

There is some overlap between the Unified Prevention priority and that for Long Term Condition Management. It is anticipated that there will be close coordination between schemes under the two priorities, so that there is not duplication of effort. This is a role of the operational delivery manager.

In general, work on long term conditions and secondary prevention activities including secondary falls prevention is anticipated to be outside the Unified Prevention Priority.

The wider programme of Public Health activities in Rutland will be coordinated with the activities under this priority, but will not come under this umbrella.

The development of the Council's community portal for information and advice is part of this priority, but the wider project to renew the Council's mainstream corporate website is not.

2 Approach

2.1 Operational Readiness

The majority of the projects are underway and learning and evaluation of these will help to determine next steps and developments. Some projects are being reviewed and services may need to adapt or be modified to ensure they meet changing needs or new projects developed. This should be possible within the allocated resources and current staffing levels. For example, it is possible that some straightforward delivery of assistive technology could be mainstreamed into social care business as usual.

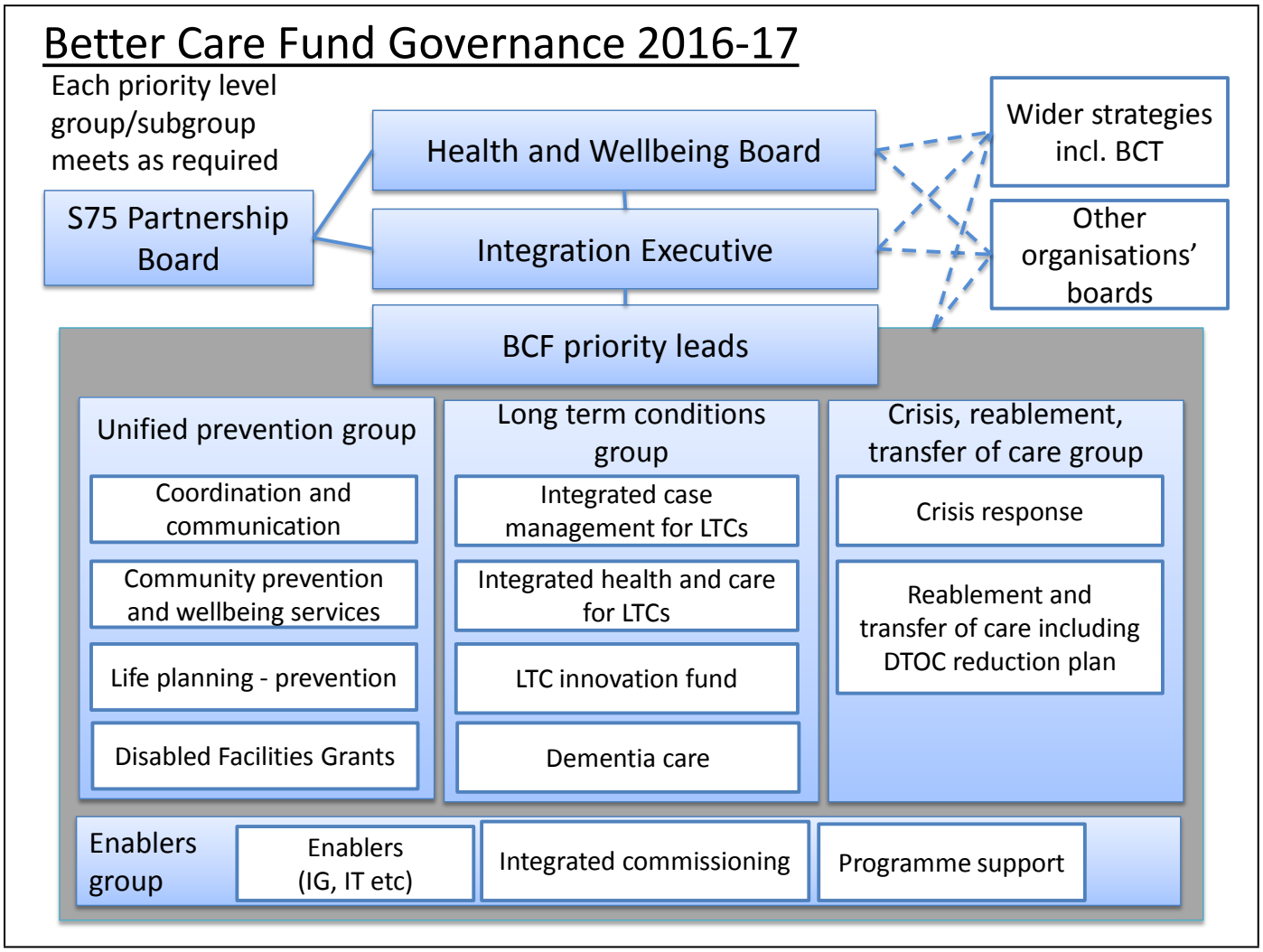
Changes in personnel has resulted in a fall in the use of assistive technology. It is anticipated that once new staff are in place this will increase again. Systems therefore need to be developed to ensure consistency. Adult Social care has introduced a second senior occupational therapist who will be given oversight of this and will take it to the operational teams to embed.

A review of DFG's will be an additional project undertaken with the support from the Long-Term and Review Team Manager and senior OT with coordination by the Operational Delivery Manager. The DFG budget has been increased from £104k to £186k by national government and BCF programmes nationally are considering how they can secure the best impacts from this uplift. Decisions about DFG funding are made relative to the legislation which governs these grants, but national government have indicated that they anticipate innovation in the use of this increased allocation (eg. allowing the purchase of small equipment). A request for more detailed national guidance has been made via the East Midlands Better Care support manager and, in the interim, it will be important to also consider what the options are at a local level.

2.2 Work stream structure

The priority lead will coordinate delivery of this priority, working with scheme leads, stakeholders and providers and using enabler services (IT, commissioning, workforce, etc) as required. The BCF priorities are inter-related, so a priority leads meeting has been established to ensure coordinated progress across the priorities.

Progress across all priorities will be reviewed monthly at the Integration Executive which steers the programme at the more operational level. Information will also be supplied as required to support decision making and plan steering by the Section 75 Partnership Board (quarterly) and the Health and Wellbeing Board (quarterly as required).



2.3 Work stream contribution to key BCF metrics

BCF Metric	Rationale	Likely Impact (significant/ moderate/none/ other)
Admissions to permanent residential and care homes avoided	Services and choices in the community help people retain independence longer	High
People who have had reablement still at home 91 days after release from hospital		N/A
Non elective admissions avoided	Impact of falls prevention projects and prevention activities more generally	Moderate
Delayed transfers of care avoided or reduced	Services and choices in the community help address barriers to returning home from hospital	Moderate
Falls prevention	Impact of falls prevention	High

	projects	
Service user satisfaction	Person centred servcies and choices helping people to achieve their wellbeing aims	High

2.4 Work stream metrics recording

Information being collected	Information collected	Where information is collected / captured/ stored
Communications		
Rutland Information Service – amount of content	Number of community facilities, activities, etc listed on the RIS – detail tbc	Information from the Rutland Information Service Content Management System – Becky Holmes
Rutland Information Service – level of use	Number of visits to website RIS	Use of Google Analytics to monitor website traffic (Google utility on which reports can be defined and run) - Becky Holmes
Community Prevention		
Community Agents activities	Metrics as per each contract in place eg. for Community Agents, number of people supported, measure of progress per individual who has signed out of the scheme, types of services referred on to. New community organisations started. Impact reports where possible – evidence of key BCF metrics having been impacted eg. people returning home from hospital sooner or helped to remain at home.	Monthly performance report sent electronically by providers (Spire Homes) to commissioner
Activities of further prevention services commissioned	Metrics as per each contract in place	Electronic returns to commissioner
Life Planning		
Small projects grants - required information defined per project (currently 3x falls prevention projects)	Agreed outputs per project (eg. number of falls fetes run, attendance levels, satisfaction levels)	Regular interim then final returns from each project to the RCC Falls project lead, reporting on agreed outputs per project, relative to anticipated outputs.
Falls training - activities	Institutions trained, individuals trained, trainee satisfaction	Regular return to RCC Falls lead from trainer.
Falls – FaME exercise project	Reporting as agreed with RCC Falls lead, to include trainers trained, courses run, Individuals trained & how long they remain in the programme, user	Regular return to RCC Falls lead.

Information being collected	Information collected	Where information is collected / captured/ stored
	satisfaction.	
Other prevention projects to be commissioned	Activity, output and impact measures to be agreed and relevant to the aims of the priority.	Regular return by project lead to nominated commissioner/lead.
Assistive technology	Individuals supported, devices delivered, areas of support covered, user satisfaction	Data provided by Provider Spire Homes on relevant solutions delivered.
Technology for care	Speakset pilot project – sets installed, use of sets, service user evaluation, practitioner evaluation.	Some statistics provided on supplier's project interface eg. metrics on call patterns. Evaluation material to be collected and reviewed by project lead.
Disabled Facilities Grants	Sums allocated vs number of projects, types of project.	Data to be managed by nominated RCC DFG lead.

2.5 Work stream performance reporting against metrics

Type of report being prepared (e.g. SITREPS/ RAISE)	By whom	Reporting timeframes
Summary reports from projects to unified prevention lead to support Integration Executive reporting requirements.	Each project/theme leader or contract lead	Coinciding with Integration Executives.
Contract monitoring reports - Community Agents, Assistive Technology, Speakset, etc	Contract leads	Coinciding with Integration Executives. Monthly.
Google Analytics reports on website traffic	Information Officer	Quarterly.
Falls admissions data.	Public Health - Leics	Coinciding with Integration Executives. Monthly.

3 Communication and Engagement

3.1 Stakeholder Analysis

This analysis is illustrative rather than comprehensive. It is useful to note that the Unified Prevention schemes are distinctive in that they involve the widest number and range of organisations who all have a stake in supporting prevention through their interventions, and who may benefit from working together. In addition, the success of this priority depends on the public taking up the opportunities on offer that aim to increase their ability to self manage their wellbeing and extend their healthy lifespan.

Stakeholder Name	How they will impact on the scheme	How they will be impacted by the priority	Communication requirements/methods
Project leads on prevention projects, including providers	Delivering parts of the prevention offer, which in turn will help to increase healthy lifespan of more people in Rutland and reduce some demand for health and social care services.	The priority enables a range of stakeholders to take forward defined projects aiming to increase wellbeing by sustaining health and increasing healthy lifespan.	Regular communication with Unified Prevention lead needed – especially where projects may be experiencing issues. Also communication with each other to coordinate activities – will be assisted by the Communications scheme.
The public who are the target of prevention projects	Participating in the schemes as users eg. users of information about prevention opportunities, finding out how to avoid falls.	Helped to engage more with services supporting their wellbeing and independence.	Communication scheme aims to improve communications with the public about available services. Need two way flow between users and providers.
Better Care Together – relevant workstrands	Undertaking LLR scale actions impacting on prevention locally. Offering learning and ideas to feed into Rutland prevention activities.	Rutland projects can help to inform approaches proposed for LLR eg. for falls prevention and follow up.	Rutland representation on relevant BCT groups, including the frail older people/falls/dementia workstrand.
Providers of prevention services that are not directly under the umbrella of BCF eg. many Active Rutland schemes.	They could help to promote some of the activities supported by the BCF or may assist them eg. through referrals.	There may be opportunities to collaborate with them or to publicise their activities via the communications scheme.	Need to consider how to reach stakeholders beyond those directly involved in the programme.

3.2 Priority Reporting and Communication

Type of communication	Communication Schedule	Communication Mechanism	Initiator	Recipient
Highlight report to Integration Executive	To Integration Executive timetable	Send to H&SC Integration Manager for Integration Executive	Work stream Lead	Integration Executive

4 Risks

4.1 Key Risks

Risk No.	Date Opened	Risk Owner	Risk Description	Probability (High, Med, Low)	Impact (High, Med, Low)
1	May 2016	Project leads	Workforce issues impede the ability to progress project	Med	Med
2	May 2016	Karen Kibblewhite	Where change is via procurement – lack of suitable providers	Low - med	high
3	May 2016	Project leads/ Head of ASC	Ownership of project delivery sits with a number of service and operational leads who need time and ability to ensure effective implementation	Med	High
4	May 2016	Trish Crowson	Life planning - new projects could be slow to come forward, slow progress delaying impact	High	Medium

5 Costs

5.1 Priority Costs

Description	2016-17 (£)
Communications	
Costs to support further development of the Rutland Information Service as a shared public facing communications platform for local services, groups and activities. Spending proposals will be defined during early scoping but may include: usability testing equipment and activities, information officer time eg. for tagging and updating, supplier services, graphics and interaction design, promotion for communication channels.	£30k
Community prevention and wellbeing services	
Community Agents contract and associated subcontracts to deliver wellbeing services	£147k
Additional activity, potentially on a pilot basis, to deliver broader more accessible wellbeing services	£40k
Life planning projects	
Completion of falls projects x 3 supported by grants and falls training (FaME and Speakset projects funded from 2015-16).	£15k
Assistive technology – delivery of contract	£27k
Fund for life planning prevention activities – to cover engagement and planning activities (eg. summits and workshops), evaluation and analysis, follow through projects and/or contracts to deliver services.	£83k
Disabled Facilities Grants (capital)	£186k

5.2 Funding

Funding Source (External - name/Internal)	Confidence rating of funding being provided (H/M/L)	2016/17 (£)
BCF funding *(allocation approved by Health and Wellbeing Board)*	**H**	
Communication	H	£30k
Prevention and wellbeing services	H	£187k
Life Planning	H	£125k
Disabled Facilities Grant	H	£186k
Total Funding	**H**	**£528k**

6 Exit Strategy

It is anticipated that the new integrated Community Prevention and Wellness Services will incorporate a range of projects from the Unified Prevention Programme with clarity about which will be delivered through existing Rutland County Council services, the commissioned integrated service or a coordinated mix of service e.g. online information and advice provided in part through Rutland Information Service in partnership with the new integrated service and liaising with partners including the CCG.

Where contracts are in place for service delivery, these are coterminous with the current programme period. Commitment to these activities beyond 2016-17 will be determined based on future BCF plans and the wider wellbeing services co-production work which will be undertaken in 2016-17.

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[i] Public Health Outcomes Framework Feb. 2016 PHE indicators 0.1i – 0.1ii

[ii] Nafeesa N. Dhalwani et al 2016 http://ijbnpa.biomedcentral.com/articles/10.1186/s12966-016-0330-9