

WOLVERHAMPTON CCG

Governing Body 12th July 2016 Ágenda item 10

Title of Report:	Big Lottery: Commissioning Better Outcomes		
Report of:	Andrea Smith, Head of Integrated Commissioning		
Contact:	Andrea Smith		
Commissioning Committee Action Required:	☑ Decision☐ Assurance		
Purpose of Report:	To discuss with members of Governing Body the business case developed through Big Lottery grant funding to propose a project of social prescribing underpinned by a Social Impact Bond, which will improve patients wellbeing and reduce emergency activity and demand on Primary Care.		
	To inform the Governing Body of a decision by the Local Authority not to pursue this project via a Soc Impact Bond model, resulting in the business case being no longer being financially viable with the CCG as sole Commissioner.		
Public or Private:	This Report is intended for the public domain		
Relevance to CCG Priority:			
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why – See Notes for further information		
Domain 1: A Well Led Organisation	N/A		
Domain 2a: Performance – delivery of commitments and improved outcomes	This model of delivery is a different approach to delivering improved outcomes for patients		

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 Domain 2b: Quality (Improved Outcomes) 	This social prescribing model of delivery will improve the patient experience by providing low level, voluntary sector support, targeted to the individual	
 Domain 3: Financial Management 	Utilising a Social Impact Bond is a new way of Commissioning for the CCG	
Domain 4: Planning (Long Term and Short Term)	This model is based on a 5 year project and therefore will need to be planned on both a resource and financial basis for that period.	
Domain 5: Delegated Functions	N/A	

BACKGROUND AND CURRENT SITUATION

- 1.1. In January 2016 the CCG was successful in its bid to Big Lottery to secure Grant Funding to develop a model of Social Prescribing utilising a Social Impact Bond model of funding.
- 1.2. Kaizen-group have been working with the CCG as an Intermediary to develop a business case that describes the operational and financial model, and demonstrates the level of potential savings to the Health and Social Care Economy.
- 1.3. If the business case is approved by Commissioning Committee and Governing Body and by the Local Authority, we have the opportunity to submit a Full Application to Big Lottery for funding for the project. This application needs to be submitted by the end of July 2016. If successful, it is anticipated that Big Lottery will fund 15% of the outcomes.
- 1.4. Within the current financial modelling the project would only be financially viable if it were jointly commissioning between the CCG and Local Authority as savings related to individual organisations would not be sufficient to offset the cost of the outcomes payments alone.
- 1.5. Since papers were presented to Commissioning Committee on 30th June, the Local Authority have confirmed that they will not pursue this project via a Social Impact Bond model.

2. MAIN BODY OF REPORT

2.1. The project itself is aimed to deliver a model of social prescribing, health messaging and training with the aim of reducing emergency activity at Secondary Care, reducing demand on Primary Care and improving patient's wellbeing.

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- 2.2. The project would see a Care Co-ordinator working within the developing community neighbourhood teams, aligned to GP practices within a locality
- 2.3. Patients (those over 65 with Chronic Ambulatory Care Sensitive Conditions) would be referred to the care –co-ordinator who would assess their needs. The patients would be allocated a Well Being coach who would work with the individual in improving their well-being by identifying their needs and facilitating a package of support. This could be varied from one to one sessions, local community groups, exercise classes, bereavement counselling etc.
- 2.4. As the Local Authority have confirmed they will not be pursuing this delivery model, the project is no longer financially viable in its current form.
- 2.5. The fundamental principle of providing low level support to patients to both sign post to appropriate services and to coach them to improved well- being is still one which is considered to be a desired approach and therefore we will be exploring alternative options of delivery.

3. CLINICAL VIEW

3.1. Discussions have been held with the Chair of the CCG and the Locality Leads to gain their views during the development of the model.

4. PATIENT AND PUBLIC VIEW

4.1. A number of engagement events have been held and the approach of low level care has been supported.

5. RISKS AND IMPLICATIONS

Key Risks

- 5.1. There is a significant financial risk to proceeding with this application if the subsequent service was purely commissioned by the CCG.
- 5.2. There may be reputational damage to not proceeding with a full application to Big Lottery following Grant Funding award. A telephone call is arranged with them on Thursday 7th July.

Financial and Resource Implications

5.3. There is a financial risk to proceeding with this application if the subsequent service was purely commissioned by the CCG.

Quality and Safety Implications

5.4. No quality and safety implications to not proceeding with this project.

Equality Implications

5.5. There are no Equality implications to not proceeding with this project.

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Medicines Management Implications

5.6. There are no identified Medicines Management Implications.

Legal and Policy Implications

5.7. There are no known legal and policy implications by not pursuing a full application to Big Lottery, however we would need to justify our decision not to proceed.

6. RECOMMENDATIONS

• For the CCG not to pursue a full application to Big Lottery as the project is not financially viable with the CCG as sole Commissioners.

Name: Andrea Smith

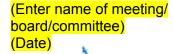
Job Title: Head of Integrated Commissioning

Date: 4th July 2016

ATTACHED:

Wolverhampton SIB Business Case Final

RELEVANT BACKGROUND PAPERS







Clinical Commissioning Group REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk		
Team		
Medicines Management Implications discussed with		
Medicines Management team		
Equality Implications discussed with CSU Equality and		
Inclusion Service		
Information Governance implications discussed with IG		
Support Officer		
Legal/ Policy implications discussed with Corporate		
Operations Manager		
Signed off by Report Owner (Must be completed)		

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(Date)

