

# AWC CCG - New Models of Care Programme

## A Business Case for the Complex Care Model Proof of Concept

### Introduction

With its Pioneer hat firmly on, in early 2015 Airedale, Wharfedale & Craven (AWC) CCG and its partners embarked on a journey to design and implement a new service model for the people of AWC with complex care needs. The implementation of this model, initially in the form of a Proof of Concept (PoC), forms a critical part of its New Models of Care (NMoC) programme, a key enabler in delivering its 5 year vision: “To create a sustainable health and care economy that supports people to be healthy, well and independent“. The CCG and its Local Authority partners have set out to commission models of care that will address physical, psychological and social needs to:

- Reduce reliance on reactive emergency and urgent care;
- Change the mind-set of professionals to promote active participation in the health and wellbeing of the individual;
- Change the mind-set of the public so they become an active participant in their own health and care.

### Project Summary and Objectives

The support that we provided to AWC CCG was delivered in two main phases:

1. **Business Case Development** - to develop a compelling business case in order to gain Executive approval to commission a PoC for a NMoC for individuals with complex care needs. The model aims to improve the quality of care and outcomes for these individuals by ensuring that the different and traditionally distinct parts of the care system work in a more joined up way to deliver holistic care that is personalised to the needs of the individual, whilst at the same time contributing to overcoming the significant financial challenges that are being faced by the care system. This included the development of a roadmap for scaling the pilot up.
2. **Procurement Support** – to support the CCG to design and implement a robust and rapid Invitation To Participate process (ITP) in order to appoint a suitable provider to deliver the PoC.

### Support Provided

**Governance Refresh** - established a programme governance structure that ensured strategic alignment with other transformation programmes in the local care economy and included local authority commissioning partners. Underpinned by a programme management methodology based on good practice and tailored to the appetite for formal programme management arrangements.

**Best Practice Review** - undertook a best practice review of NMoC (UK and internationally) which sought to address the specific requirements of defined cohorts of individuals with complex and costly care needs.

**Facilitation of Task and Finish Working Groups** - facilitated specialist working groups to develop key components of the business case. The groups and their activities included:

- *Contracting and Finance* - option appraisal of contracting, procurement and delivery models. Development of a payment mechanism and incentives aligned to outcomes. Financial and activity modelling using patient level data across organisation boundaries to agree a cohort and quantify the potential financial benefits;
- *Performance and Information* – development of an outcome based framework applied to the broader organisation and this specific project. Development of a set of indicators mapped to outcomes/benefits and a supporting benefits realisation and evaluation framework;
- *Design Group* – worked with a design group to co-design a blue-print for the model of care. Membership included patient representation, clinicians and operational managers from health and social care providers across the system. Translated this into a specification.

**Supporting the ITP** - designed a robust procurement process and supporting documentation based on good practice. Facilitated the evaluation and moderation process to appoint a provider.

### Value Delivered to Client

- A programme management structure, governance arrangements and tools to enable the planned and coordinated delivery of the NMoC programme;
- Insight into effective NMoC from good practice elsewhere in the UK and internationally;
- A shared understanding of how to use available commissioning and contracting tools innovatively and effectively;
- A re-usable financial and activity modelling tool;
- Clarity of objectives, outcomes and potential benefits of a model of care signed up to by both commissioners and providers;
- A provider to deliver the PoC.