This paper reports progress to the Governing Body on the development of Value Based Commissioning (VBC) and, in particular, the joint initiatives across Enfield and Haringey CCGs on the development of VBC for Older People with Frailty (OPwF) and Islington and Haringey for Diabetes.

Haringey is collaborating on two of the three population segments and four of the projects within the North Central London (NCL) wide programme (Barnet and Camden are collaborating on another OPwF project and Islington and Camden on Mental Health), to build a common framework of outcomes and look at new contracting mechanisms that will incentivise providers to work together to improve outcomes and drive down costs. The ultimate aim is to commission pathways of care, potentially from lead providers or provider networks that are commissioned to deliver agreed outcomes for particular populations.

Now in Phase 2, a business case for change is shortly to be developed supported by activity and finance modelling and a baseline view of performance against outcome measures. Given the 75 years+ population focus, the Older People with Frailty project is being closely aligned to the Better Care Fund and Enfield’s Integrated Care Programme.

The current timetable is that a full business case together with commissioning intentions will be developed for each project for consideration by the Governing Body at its meeting on 24 September 2014. Wider governance is being mapped to include local authority agreement.

SUPPORTING PAPERS:

A presentation will be made at the Board meeting to summarise progress on:

- The Diabetes Project for Haringey and Islington and
- The Older People with frailty project for Enfield and Haringey.
RECOMMENDED ACTION:

The Governing Body is asked to:

- **RECEIVE** this update on the two projects
- **NOTE** the intention that a full business case, together with commissioning intentions, will be included on the agenda of the next meeting of the Governing Body on 24 September for both Diabetes and Older People with frailty.

**Objective(s) / Plans supported by this paper:** The VBC programme supports the objectives of the CCG 5 year plan and in particular its Integrated Care Programme and Better Care Fund.

**Patient & Public Involvement (PPI):** Patients have and will continue to be involved. Patients were involved in the development of the outcomes in Phase 1. Now in Phase 2, further patient involvement will be planned through the project engagement plan to align with partner CCGs.

**Equality Analysis:** Analyses will be scoped to support the projects at the appropriate stage.

**Risks:** Risk registers have been developed for project management purposes.

**Resource Implications:** Resources are confirmed for the programme and local projects. Cap Gemini and Outcomes Based Health are supporting the NCL programme. Further local project support for data analysis and financial modelling has been agreed with the CSU. In addition, pan-programme resources for gathering outcomes / patient surveying and business case development are under consideration by the NCL Programme Board.

**Audit Trail:** Value Based Commissioning has been the subject of Governing Body seminars on 18 December 2013 and 19 March 2014.

Haringey CCG Governing Body considered an update report at its meeting on 4 June 2014. This followed presentations at meetings in November 2013 and January 2014 respectively - at the latter the Governing Body noted the involvement in the two-year work programme to develop new methods of delivering services to achieve and measure outcomes and the objectives of Phases 1 and 2.

The first formal report on the VBC programme to Enfield CCG’s Governing Body will be considered on 30 July.

**Next Steps:** Are set out below with a brief overview of the projects. Contracting options will be detailed in the presentation.
<table>
<thead>
<tr>
<th><strong>Population cohort</strong></th>
<th><strong>Diabetes</strong></th>
<th><strong>Older People with frailty</strong></th>
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| All patients who are: | - aged sixteen and above  
- people in Transition to adult care for diabetes  
- Type 1 and 2 Diabetes  
- Pregnant women previously diagnosed with diabetes | The definition for the business case is all patients who are over 75 years old.  
For case finding in 2015-16, works continues to determine the best approach. A clinical group has been set up virtually to agree a definition of frailty, taking account of the Camden CCG’s experience in use of the Edmonton Score. This is pending the expected roll out of a national e-Frailty project later this year.  
There has also been further consideration underway relating to eligibility (entry and exit) criteria, including for end of life care. Enfield’s work on access criteria for Integrated Care will inform this work. |
| The services to be included will be: | - All core diabetes care- inpatient, outpatient  
- Cardiovascular routine care, excluding acute myocardial infarction, and elective surgical/interventional care- Coronary Artery Bypass Grafting, Angioplasty  
- Renal care, including end stage renal disease (ESRF), but not transplant care  
- Cerebrovascular care, excluding acute stroke  
- Peripheral vascular disease, including amputation, but excluding Acute ischaemic limb treatment  
- Retinopathy treatment, excluding sudden loss of vision  
- Neuropathy care, including autonomic neuropathy  
- Erectile Dysfunction | The following are out of scope for this project:  
- Children  
- Pre-diabetes  
- Gestational diabetes  
- Frailty services delivered to patients with Diabetes  
- End of life care for patients with Diabetes |
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<th><strong>Diabetes</strong></th>
<th><strong>Older People with frailty</strong></th>
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<td><strong>Outcomes</strong></td>
<td>Further work has been undertaken to look at the three difference types of outcome measures (clinical, patient reported and patient defined outcome measures; COMs, PROMS and PDOMS) as well as engagement with patients. All feedback will inform the selection of outcomes for the first year pilot.</td>
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<td>The patient related outcomes paper was reviewed by OBH and Islington &amp; Camden Public Health and recommendations were for a new survey to be commissioned by January 2015; costs and scope will be added to Business case. Haringey Public Health is reviewing options across all three work streams.</td>
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<td>Clinical outcomes data sharing requests are with Health &amp; Social Care Information Centre awaiting approval from the Clinical Advisory Group.</td>
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<td>Consideration is also underway how to establish a baseline for the outcomes and design a survey of patients. No single survey will currently measure the full range of Patient Recorded / Patient Determined outcome measures.</td>
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<td><strong>Designing an IPU</strong></td>
<td>There are draft designs of IPUs proposed for both projects from design workshops held with stakeholders including providers and patient representatives.</td>
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<td>Their shared aim is for primary, community and secondary health and social care and voluntary sector agencies to work together with the patient to jointly assess their holistic needs, plan and deliver care and support to help improve their health, well-being and independence and reduce their risk of subsequent crisis-driven interventions such as hospitalisation. The emerging model has a number of features that will need further development and implementation such as a single point of entry, integrated multi-disciplinary Locality Teams.</td>
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<td>There is further work planned to develop the design and ‘stress test’ using actual cases to identify which aspects of acute services would sit within / outside the IPU.</td>
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<td>Diabetes</td>
<td>Older People with frailty</td>
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<td><strong>Developing the financial baseline</strong></td>
<td>Developing an activity and financial baseline / financial envelope is underway with a shared understanding of what is needed among project leads, Cap Gemini, Outcomes Based Health and the CSU.</td>
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<td>The challenges are separating out the costs associated with activity that could fall into an IPU and services/activity that could sit outside. The proposed IPU design as well as further detailed mapping will help determine what is in and out of scope and this will be considered at the Whittington Transformation Board.</td>
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<td><strong>Next steps</strong></td>
<td>Work above will be developed to feed into an outline business case due by the end of August. The intention is that this would inform commissioning intentions and both Islington and Haringey CCG Governing Bodies would consider full business cases at their respective meetings in September.</td>
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<td>A business case author is to be appointed to write joint outline business case for Haringey and Islington CCG</td>
<td>Further meetings to engage with providers and patients will be considered, scoped and planned, including a final IPU workshop as requested to stress test the proposed design</td>
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