

# Leeds South and East CCG - NMoC

## An Outline Business Case for a New Model of Care

### Introduction

Leeds South and East CCG has a profile on the national stage, as a Year of Care early implementer site and also as one of the Pioneers. As a trailblazer, it has been showcasing innovative ways of creating change in the health service through making substantial investment in developing a modern model of integrated care. This has involved working across the city, but with locally developed and locally sensitive models. For example:

- Implementing 13 integrated neighbourhood teams working closely with your GP practices that focus on supporting people to live independently for as long as possible, avoiding unnecessary admissions to hospital;
- Adopting an approach that is focused on seeing the whole person, with an emphasis on improving their experiences and outcomes.
- Supporting practices through the Practice Engagement Scheme to further develop ways of integrated working with their Neighbourhood Integrated Health and Social Care Teams.

In order to focus the development of their new models of care (NMoC) programme, specifically the development multispecialty community providers, the CCG had begun to identify two cohorts of patients, based on multiple long term conditions: one with a focus on more elderly/frail individuals and the other on younger individuals with social and mental health needs.

### Project Summary and Objectives

The CCG commissioned Transforming Care to provide a broad package of consultancy support, to accelerate the development of an outline business case for two early implementer sites for NMoC. The support that we provided to LSE CCG involved addressing the following key objectives:

- To develop a compelling and concise case for change
- To develop a description of the new model of care
- To facilitate an options appraisal in order to identify the cohorts for the focus of the new models of care early implementer sites and where to implement them
- To develop estimates of the workforce requirements to support each early implementers site
- To articulate the potential benefits both qualitative in terms of expected outcomes and potential financial savings
- To design an infrastructure for delivery including the appropriate
- governance structure to direct and oversee the delivery of the NMoC Programme and a high level plan for the next 6 – 12 months.

### Support Provided

- **Case for Change** – Met with key stakeholders to understand the local landscape. Synthesised the national and local drivers for the design and commissioning of new models of care into a cohesive and concise case for change.
- **Description of the Model** – Worked with clinical and managerial commissioning leads to agree a set of design principles and articulate the model of care with an emphasis on explaining what is different from how services are delivered now. This included a high level process map and a patient journey.
- **Cohort identification** – Through engagement with clinical and financial leads designed and built a financial and activity modelling tool. This was used to model potential cohorts for the NMoC. Designed an appraisal process to identify the cohorts for the new models of care and where they should be implemented. Facilitated the process with an extended Executive Management Team (with clinical input).
- **Workforce Requirements** – based on agreed set of summary role profiles for the model develop a workforce modelling tool to estimate the workforce requirements for the Early Implementer sites
- **Benefits of the Model** – In collaboration with the commissioning lead developed an outcomes based framework for the model. Used the financial model to develop a series of return on investment scenarios, based on an estimated reduction in activity across setting.
- **Infrastructure and Planning** – Designed appropriate governance arrangements to oversee the New Models of Care programme and developed an high level plan for the next 6 – 12 months, including a more detailed 90 day plan.

Consolidated all of the above outputs into a compelling and concise outline Business Case.

### Value Delivered to Client

- Clarity on the objectives, outcomes and potential benefits of a model of care signed up to by the Executive Management Team and Governing Body;
- A shared understanding across commissioners of what the model would look like in practice and how much it would cost to operate;
- Agreement on which cohorts to focus the model and where to start rolling it out;
- A re-usable financial and activity modelling tool.