ESBT Future Model Options Appraisal: Scoring Sheet

Option X Appendix 1

Name: Organisation:

Score	Scoring Guidance
1	Option fails to meet objectives
2	Option performs ok against objectives but doesn't represent an improvement on the current system
3	Option performs reasonably well against objectives and represents a modest improvement on the current system
4	Option performs significantly well against objectives and represents a significant improvement on the current system

	Appraisal Criteria	Option X
Principles and	1. Transformation (for sustainable services)	Weighting
characteristics	Key indicators of what good looks like in this category:	20
1, 2 ,7, 8, 9	System sustainability with particular reference to primary care;	
3, 5, 6	Scope and scale of services significantly reduce intra-system transactional costs;	Score
2, 7, 8	Delivery partners outside core service provision work together for the benefit of our local population,	
	including approaches to market development in localities;	
4, 7, 8	Integrated IT system for staff, patients and clients; System wide' leadership and management culture:	
3, 7, 8, 9	 'System-wide' leadership and management culture; Vertically integrated care system; 	
1, 2, 7 6, 9	Good acute networks across the wider STP delivery platform;	
<u>0, 9</u> 1, 5, 9	Increase of investment in prevention, primary and community care (including self-care and self-	
1, 0, 0	management), to be consistent with the ESBT Alliance Strategic Investment Plan;	
1, 5, 9	 Investment in prevention and early intervention reduces average per capita Year of Care cost; 	
1,2, 5, 9	Year on year delivery of the ESBT Alliance Strategic Investment Plan;	
1,2, 3, 4, 6, 7, 9	Improvements in key deliverables set out in the next steps of the updated NHS Five Year Forward View;	
1, 3	Focus on primary, secondary and tertiary prevention, self- care and self- management, to improve health and wellbeing and reduce health inequalities.	
Principles and	and wellbeing and reduce health inequalities. 2. Governance and Accountability –	Weighting
characteristics	Key indicators of what good looks like in this category:	10
1	Optimum levels of citizen leadership and governance;	<u> </u>
5, 6, 8, 9	Phased and assured transfer of risk;	Score
)	CCG and Local Authority statutory functions are discharged;	
)	Collective decision-making and governance structure that aligns with ongoing and continuing individual	
7 Q	statutory accountabilities of the constituent bodies;	
7, 8 4, 7, 8, 9	Optimum levels of clinical and professional governance; A trusted health and care brand that inspires nations and client confidence;	
6, 9	 A trusted health and care brand that inspires patient and client confidence; Delivery within the current regulatory frame work. 	
Principles and	3. Quality and Safety –	Weighting
characteristics	Key indicators of what good looks like in this category:	15
1, 2, 4, 7	Uniformly high standards in the management of frailty and LTCs (for example Diabetes, Heart Disease)	
	by integrated primary care, specialist, and community teams;	Score
	Provision of care increasingly out of hospital and at lowest level of safe and effective care;	
5, 8, 9	Delivery of constitutional operational standards (A&E, RTT etc.);	
4, 6, 7, 8	Reduction in variation across all services;	
4, 7, 8 3, 4, 7, 8	Promotion of a safety culture; Provision of continuity of primary care practitioner, where this exists:	
1, 3, 4	 Provision of continuity of primary care practitioner, where this exists; Use of population health management capabilities (i.e. improved prevention, enhanced patient and client 	
., =, .	activation) to manage avoidable demand.	
Principles and	4. Clinical and Professional Sustainability –	Weighting
characteristics	Key indicators of what good looks like in this category:	20
7, 8	Provision of the right conditions for innovation, now and into the future;	
1, 7, 8, 9	Delivery of clinically effective care services at lowest level of effective care, and clinical and care	Score
7, 8	excellence;	
Principles and	 Workforce flexibility, and recruitment, retention and development of excellent staff across all sectors. 5. Access and Choice – 	Weighting
characteristics	Key indicators of what good looks like in this category:	15
3, 4	Provision of choice and personalised programmes of care for children and adults with LTCs, disabilities	
	and long term care and support needs;	Score
1, 3, 4	Access to timely care that includes all sections of the community;	
1, 3, 4, 8	Evening and weekend access to GPs (target: 100% of the population covered by March 2019);	
1, 2, 3, 4, 7	Access to community based services to enable people to remain in their own homes; Patient obside for read a with elective (planted) age and increase the way of Deregoed Budgets.	
3, 4	Patient choice for people with elective (planned) care needs, and increase the use of Personal Budgets and Direct Payments, and Personal Health Budgets (PHBs) where these are coming on line.	
Principles and	and Direct Payments, and Personal Health Budgets (PHBs) where these are coming on line. 6. Deliverability –	Weighting
characteristics	Key indicators of what good looks like in this category:	weighting 10
5, 6, 9	Cost to implement this option (system costs including capital costs) is reasonable and viable;	
5, 9	Option can be delivered within a reasonable timescale and no later than 2020/21;	Score
5, 6, 9	Transition costs are understood and of reasonable value;	
5, 6, 9	Tax, VAT, insurance, procurement of care packages and charging implications are understood and	
06700	affordable, and are in line with statutory frameworks;	
2, 6, 7, 8, 9 5, 9	Impacts on health and social care workforce are understood and manageable (Ts&Cs and pensions); No additional logal risks that will have a significant impact:	
, 5, 9	No additional legal risks that will have a significant impact; No impact on the viability of commissioners and providers outside of the ESRT system.	
Principles and	 No impact on the viability of commissioners and providers outside of the ESBT system. 7. Financial Sustainability – 	Weighting
characteristics	Key indicators of what good looks like in this category:	weighting 10
5, 9	Efficient working of the system reduces operating costs (including transactional commissioning costs);	
1, 3, 5, 9	 Services are transformed to assist with the achievement of financial sustainability; 	Score
3, 5, 6, 9	Financial risk is effectively managed;	
9	Flexibility to respond to changes in future health and care financial regimes;	
3, 4, 6, 7, 8, 9	 Organisation/vehicle operates as a going concern, able to meet the financial requirements of regulators 	
	and statutory bodies such as HMRC;	
	Improved provider productivity and reduction in variation	
2, 7, 8 4, 7, 8, 9	 Improved provider productivity and reduction in variation Incentivisation of outcomes and performance improvement 	