

# Planning Older People's Services

### **Options Appraisal Exercise**

#### Introduction

Following on from the recently concluded hurdle criteria exercise in February 2024, this document outlines the options appraisal exercise approach. This options appraisal is intended to narrow the number of options that will be taken forward to the consultation stage and then on to the Integration Joint Board for consideration.

The options that successfully passed the hurdle criteria exercise have been grouped by theme, scoped and modelled by an identified Senior Manager within the Health and Social Care Partnership in advance of the options appraisal.

Further information and details on the *Planning Older People's Services* process can be found within the project's original *Terms of Reference*<sup>1</sup> and our original *Options Development Paper*<sup>2</sup>.

Journey so far

2,458 individual pieces of feedback

314 suggestions across 36 82 long-list options tested against hurdle criteria

61 options passed hurdle criteria

39 options required further modelling and 22 adopted within existing workstreams

#### Options Modelling and Development

For each of the 39 options requiring further modelling and development a Senior Officer / Manager within the Health and Social Care Partnership was identified to complete the task. In each instance a report was prepared and submitted to inform the options appraisal process covering, but not limited to: an assessment of the current situation; scoping / modelling work undertaken to date; additional scoping or modelling required; how will the option deliver outcomes for East Lothian's population; sustainability and adaptability; alignment with IJB Strategic Priorities; initial financial assessment and viability; benefits and risk; current available data. Officers were further encouraged to keep the

<sup>&</sup>lt;sup>1</sup> www.eastlothian.gov.uk/downloads/file/33467/provisioning strategy project - terms of reference

<sup>&</sup>lt;sup>2</sup> www.eastlothian.gov.uk/downloads/file/33470/provisioning strategy project - options development

options appraisal assessment criteria of desirability, viability and feasibility in mind when completing their report and to make use of approaches like SWOT (Strengths, Weaknesses, Opportunities, Threats) and PESTLE (Political, Economic, Sociological, Technological, Legal and Environmental).

An options modelling report was then prepared by the Project Manager summarising the key information for each of the options. This report will be the key reference document for those undertaking the options appraisal exercise.

#### **Approach**

The options appraisal exercise will be undertaken by the project team and independent community panel during a half-day face to face exercise. There will be equality in scoring and weighting with the totals informing the final decision-making stage. Although the face-to-face exercise will provide some opportunity for discussion regarding the process and options, the scoring itself will be completed in private and not within the group format. Once the private scoring is complete the group will reconvene for a final discussion opportunity.

### Developing the assessment criteria

Project Team and Independent Community Panel members were asked to consider the assessment criteria to test and analyse the short list of options against. This will provide a consistent framework to analyse each option against. The assessment criteria will use three main themes:

- 1) Desirability
- 2) Viability
- 3) Feasibility

Each theme contains multiple criteria and does not need to contain the same number (e.g. it may only be possible to identify 3 criteria to test feasibility, but there may be 10 criteria to test desirability).

The identified criteria are:

- Desirability:
  - Does the option promote our strategic and project objectives?
  - o Does the option help to improve clinical and social care outcomes for older people?
  - o What is the level of support for the option from the community and key stakeholders?
- Feasibility:
  - Can the option be implemented in a timely fashion and within the context of the current financial climate?
  - Does the option allow partner organisations / Integration Joint Board to discharge statutory functions?
  - Does the option expose partner organisations / Integration Joint Board to risk of challenge?
- Viability:
  - Does the option represent value for money? Taking into consideration the current financial climate, improving outcomes, improving service delivery and invest to save.
  - Does the option improve integrated working, reduce duplication and allow efficiencies to be realised?
  - o Is the option viable and sustainable from a workforce perspective?

The development and identification of the assessment criteria was undertaken by the Project Team allowing collective thinking and discussion of the themes, which helped to bring to the surface any underlying concerns, motivations, assumptions or questions that officers may have. The identified assessment criteria and this paper were then reviewed by the Independent Community Panel with feedback returned to the Project Team for consideration prior to approval.

#### Weighting and Scoring

Each theme has a weighting associated with it that represents its relative importance (expressed as a %) as follows:

Desirability: 35%Feasibility: 35%Viability: 30%

Further to the theme weighting, each assessment criteria will be assigned a score between 0 and 5, with 5 representing a very positive impact and 0 representing no or negative impact. A worked example is included below:

Criterion	Score	Good	Bad
Does the option promote our	0 – 5 0 = no or negative impact 1 = minor positive impact	Option is fully aligned with and will contribute towards	Option does not contribute towards either IJB strategic
strategic and project objectives?	5 = very positive impact	achieving both IJB strategic objectives and Project Objectives (high level and SMART)	objectives or Project Objectives.

The options appraisal exercise is seeking to identify a maximum of five options to progress to public consultation. Any deviation from this should only be where options are considered of similar value to the process, or where scoring is very similar.

Each options appraisal participant will score the options privately. Following the meeting all the scores will be collated, totalled and the weighting applied to produce a ranked list of the remaining options. The top five will be those that progress to the public consultation. Where scores are particularly close, or participants request that a 6<sup>th</sup> or 7<sup>th</sup> option also proceed this will be considered and discussed by the Project Team and Independent Community Panel.

#### Record Keeping and Governance

A record of the options appraisal exercise will be maintained by the Project Manager and Communications colleagues. The results will be collated and shared with the Project Team and Independent Community Panel in the first instance with other key stakeholders then receiving the results via the projects regular community updates.

### Next Steps and Public Consultation

#### **Timeline**



Updated May 2024. Timeline may be subject to further change.

Upon completion of the options appraisal exercise the project will move into its public consultation planning phase (August 2024), followed by its second engagement phase (September – November 2024) incorporating the 12-week public consultation exercise (September – November 2024) and roundtable stakeholder events (October 2024). The final report to the Integration Joint Board is currently scheduled for their meeting on 5<sup>th</sup> February 2025.

### Suggested Pre-Read Material

Project Team and Independent Community Panel members are expected to be well versed in the relevant background information in advance of attending the Options Appraisal exercise. A number of suggested documents are linked below to help with your overall understanding. It is not expected that all of these are read in advance but if you have a particular knowledge gap then this list should contain an appropriate reference point.

- <u>Planning Older People's Services website</u> contains useful introductory information and reference documents from throughout project.
- <u>Project background information</u> scene setting information and project context.
- East Lothian IJB budget 2024-25 key information on local health and social care finances.
- <u>East Lothian IJB vision and aims and strategic documents</u> high-level info on IJB role.
- Planning Older People's Services technical documents (including community updates, Case for Change, Original Terms of Reference, Additional Background Information) – project updates, background documentation and data.
- POPS Options Modelling and Development Summary Report (June 2024) latest project report on options development.
- POPS Hurdle Criteria Results Report (March 2024) summary of hurdle criteria exercise results.
- <u>POPS Communications and Engagement Report (August December 2023)</u> information on project engagement to date.
- Functions delegated to the IJB: further detail of functions delegated to IJB.
  - By the Health Board
  - By the Local Authority

### Options appraisal scoring record

Name:

Job title:

#### E-mail address:

- 0 = no or negative impact / 1 = minor positive impact / 5 = very positive impact.
- A score between 0 and 5 must be entered for each assessment criteria otherwise your input for that option cannot be included.
- Please ignore the weighted score column as this will be completed by the Project Manager based on your scores.
- A summary of all options is included within the Options modelling and development summary report.
- When you have completed the exercise, please return your form to Andrew Main or Jen Jarvis before leaving.

	D	esirability (359	%)	F	easibility (35%	6)		Viability (30%)		
Option	Does the option promote our strategic and project objectives?	Does the option help to improve clinical and social care outcomes for older people?	What is the level of support for the option from the community and key stakeholders?	Can the option be implemented in a timely fashion and within the context of the current financial climate?	Does the option allow partner organisations / Integration Joint Board to discharge statutory functions?	Does the option expose partner organisations / Integration Joint Board to risk of challenge?	Does the option represent value for money?	Does the option improve integrated working, reduce duplication and allow efficiencies to be realised?	Is the option viable and sustainable from a workforce perspective?	Weighted Score
Example: Option 14: We should develop an end-of-life care sheet that contains simple contact information, reassurance, and guidance for those caring for a relative at the end of their life.	3	5	4	5	4	4	5	3	4	D: 12 / 15 (12x0.35 = 4.2) F: 13 / 15 (13x0.35 = 4.55) V: 12 / 15 (12x0.30 = 3.6) 12.35

	D	esirability (35%	<b>%</b> )	F	easibility (35%	6)		Viability (30%)		
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Option 53: We should look										
for opportunities to engage										D:
with the Leg Club										
Movement, which is a										F:
global initiative, designed										
to care for people suffering										V:
from or at risk of chronic										
leg disease within a social model of care.										
Option 77: We should										
develop additional step-										D:
down services to ensure										J.
timely and safely managed										F:
discharges from hospital										
and ensure that older										V:
people are ready to go										
home.										
Option 79: Alternative and										D:
innovative approaches to										_
intermediate care should										F:
be explored further by										V:
ELHSCP (option text										V:
reduced).										

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Option 80: As per the				ciiiiate:				be realised.		
findings of the Provision										
Change Board, ELHSCP should increase investment										D:
in intermediate care services to ensure that we										F:
fulfil our strategic										F.
objectives, and our hospital										V:
/ care home bed numbers										
are sufficient to meet our										
needs (option text										
reduced).										
Option 84: We should										
invest in additional										D:
outreach services with										_
appropriate transport to										F:
facilitate - like a roaming heart failure nurse,										V:
respiratory nurse,										V.
antibiotic nurse etc.										
Option 6: Lunch clubs or										D:
some form of outreach										
service surrounding meal										F:
prep / delivery for the most										

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socially isolated and vulnerable should be introduced across East Lothian.										V:
Option 100: We should explore the potential for using day centres as a respite opportunity for unpaid carers further.										D: F: V:
Option 57: We should review and develop provision of services to people living with young onset dementia. Care homes, day centres and a variety of other core services are not tailored to meet people's individual needs.										D: F: V:
Option 37: We should develop a 24-hour helpline										D:

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/ single point of contact for										
providers, professionals										F:
and service users to provide guidance,										V:
assistance, advice										
regarding placement										
breakdowns, hospital										
admissions / discharge, out										
of hours support and a full-										
service directory.  Option 58: We should	<del>                                     </del>									
commission and structure										
health and social care										
services in a way that										
moves away from the older										D:
people / generational /										
geriatric model. People are										F:
living longer, long-term										.,
health conditions are not										V:
exclusive to 65+, care										
homes are generally not appropriate for younger										
people, mental health										
services for 65+ are limited,										

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many people die before the										
65+ mark etc. We need to										
develop more										
intergenerational services										
for East Lothian residents										
throughout people's										
lifespan.										
Option 93: We should										
develop a specific East Lothian minor injuries										D:
service to complement										
existing central provision										F:
(for example, services										
Minor Injuries services in										V:
Edinburgh). Full options										
development and appraisal										
would be required.										
Option 11: Palliative and										D:
End of Life Care should be										
reviewed and mapped										F:
throughout East Lothian										
(option text reduced).										V:

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Option	Does the option promote our strategic and project objectives?	Does the option help to improve clinical and social care outcomes for older people?	What is the level of support for the option from the community and key stakeholders?	Can the option be implemented in a timely fashion and within the context of the current financial climate?	Does the option allow partner organisations / Integration Joint Board to discharge statutory functions?	Does the option expose partner organisations / Integration Joint Board to risk of challenge?	Does the option represent value for money?	Does the option improve integrated working, reduce duplication and allow efficiencies to be realised?	Is the option viable and sustainable from a workforce perspective?	Weighted Score
Option 14: We should										D:
develop an end-of-life care										<i>D</i> .
sheet that contains simple										F:
contact information, reassurance, and guidance										
for those caring for a										V:
relative at the end of their										
life.										
Option 95: We should										
introduce polypharmacy										
reviews and ensure that										
they are not exclusive to										
care home settings. (Polypharmacy reviews are										D:
important for people who										
are regularly prescribed										F:
five or more medications.										\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Their aim is to ensure that										V:
the medications are										
effective, the patient isn't										
experiencing side effects										
and that all the medicines										
the patient is taking are still										
necessary.)										

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Option 85: We should										
explore better use of										
technology and associated										
services to allow people to										
remain within their own										D:
homes for longer.										
Examples include 24 hour										F:
supported living services										
for Older People, non-										V:
invasive home motion										
sensors, Near Me,										
Community Alarm Systems										
and smarter working /										
information sharing										
between staff groups.										
Option 104: Transport links										D:
to key health and social care sites should be										D.
reviewed and developed in										F:
collaboration with ELC										1.
colleagues and existing										V:
service providers.										
Consideration should be										
given to commissioning										

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Option	Does the option promote our strategic and project objectives?	Does the option help to improve clinical and social care outcomes for older people?	What is the level of support for the option from the community and key	Can the option be implemented in a timely fashion and within the context of the	Does the option allow partner organisations / Integration Joint Board to discharge	Does the option expose partner organisations / Integration Joint Board to risk of	Does the option represent value for money?	Does the option improve integrated working, reduce duplication	Is the option viable and sustainable from a workforce perspective?	Weighted Score
			stakeholders?	current financial climate?	statutory functions?	challenge?		and allow efficiencies to be realised?		
services or developing										
volunteer initiatives. Wider										
transport considerations related to the provision of										
intermediate care should										
also be reviewed and										
developed. Good practice										
should be explored nationally (option text										
reduced).										