	Business Case	Project Stage **Define**

Project Name	Community Listening Service	**Date**	02.07.18
Project ID	SM212	**Programme Board**	Transforming Communities and Service Delivery
Author	Jo Hall Transformation Programme Manager Katrina Blackwood, Healthcare Chaplain	**Version**	V1.4

Contents

1. Business Need

Reduced resources and growing demand across Health and Social Care means that there is a need to shift the focus from managing symptoms to prevention and resolving underlying causes.

Since 2011 the NHS Grampian Spiritual Care Department has been developing the listening service in eleven GP surgeries and other healthcare settings. The service is provided in the main by carefully selected, trained and supervised volunteers, supported by experienced chaplains.

Currently the service is co-ordinated by a Band 6 Chaplain, alongside other aspects of the Chaplain's role. With the service expanding it now requires a funded co-ordinator post to continue to deliver the high standard service within Aberdeen City and to expand the service further by growing the volunteer workforce.

The service offers fifty-minute sessions to patients to talk through anxieties and concerns relating to life rather than medical conditions. Most patients return for further appointments until they become more confident in their own coping mechanisms and more resilient. Community Chaplaincy Listening (CCL) helps people explore their deepest hurts and draw strength from their own inner resources and those of the communities of support around them. CCL is a national programme, to be delivered regionally. Evidence shows that it is supportive of patients and professionals releasing time for professionals to deal with issues directly relating to their profession and supporting patients to take ownership of their own concerns, becoming more confident within themselves and building resilience.

It is important to differentiate 'spiritual listening' from other talking therapies offered by health and social care professionals. CCL Listeners do *not* offer counselling or cognitive behavioural therapy or any kind of psychological intervention. Rather they walk alongside the person telling the story, ask the right questions and offer support and encouragement. The role of the CCL Listener is not to fix the problem or issue being described, but to create a safe space for the speaker to verbalise whatever gets in the way of their wellbeing and resilience. It should also be noted that this is a service for Wellbeing and not a faith based or religious service.

The project aligns strongly with the aspirations as set out in Aberdeen City Health and Social Care Partnership's Strategic Plan and aims to support delivery of the strategic priorities:

- Person centred care and support – Spiritual wellbeing is synonymous with Person Centred Care as it supports people in having a voice and confidence to use this.
- Support and improves the health, wellbeing and quality of life in the local population – CCL is delivered within the local community, training volunteers from the local community and

connecting with resources within the local community. Patient Reported Outcome Measures (PROM) research evidences an improvement in health, wellbeing and quality of life.

- Early intervention/prevention – This service supports the development of positive health behaviours in supporting people in taking ownership of their own lives.
- Value and support unpaid carers – unpaid carers often do not recognise the value of the care they provide. It is also recognised that they often do not give time to care for themselves, affecting their own wellbeing. By offering them time to talk they may build their own resilience and therefore be able to continue longer in their caring role benefitting both themselves and the person/people they care for. CCL was referred to in Professor John Swinton's report 'Living Well with Dementia in Aberdeen City: Creating Communities that Care'.
- Health Inequalities – People living with a high level of deprivation often feel isolated with no one to talk to. They may also feel that no one is listening to them. CCL, placed within the community and used by social care and other third sector agencies, could redress this.
- Local community asset – over the seven years of the development of the Listening Service (CCL) evidence shows that it supports those who are isolated. With an aging population people may well feel more isolated in their preferred place of care, as carers, as friends and family die or move away. This model provides a complimentary form of support to people and is essential as part of the pathway of care providing physical, emotional, spiritual and mental wellbeing. Once the Link Workers become established this would be a complimentary service.
- Delivery of a high-quality service – Because of the well-established use of the particular gifts of volunteers in CCL, this is a good model of capacity building without high levels of expenditure. Because of the effective use of volunteers, supported by skilled and experienced chaplains, this service reflects an efficient and effective use of resources of both health and social care. This service now requires a dedicated post to continue to provide a high level of service and expansion.
- Linkage to other self-management projects – The CCL project has strong links to both the community link working project and the House of Care specifically the spiritual pillar of the project.

The approach through this project is also a key deliverable of the partnerships Primary care improvement and action 15 plan.

2. Objectives

List the project's objectives. Make these tangible and clear as they will influence which option is recommended and will be used to monitor project progress and success.

Promote person centred care - provide support and advice that is responsive to individual personal preferences, needs and values.

Improved service effectiveness and efficiency - achieve more effective use of resources across the partnership. These resources include staff, buildings, information, and technology.

Improved staff satisfaction – staff morale and cohesion will be improved

Improve health and wellbeing of staff and community – people will have improved opportunities to access support to live well.

Support transformational change to the way we deliver health and social care through a model that focuses on community resources – increase number and quality of connections between general practices and other sectors in the community that they serve.

3. Options Appraisal

3.1 Option 1 – Do Nothing (Status Quo)	
Description	*Describe the option and show to what extent it fulfils the project's stated objectives and any other benefits.* This option involves continuation of status quo
Expected Costs	*Detail the estimated costs involved with implementing this option, including whole life costing where appropriate.* As per current costs £2,700 per financial year for clinical supervision (£300 per volunteer)
Risks Specific to this Option	*Describe any significant risks which are specific to this option and any mitigating action.* Risks are managed as per existing arrangements Recruitment and retention of volunteers
Advantages & Disadvantages	*Weigh up the main pros and cons of this option.* **Advantages:** No change required No additional activity required. No additional costs. **Disadvantages:** Missed opportunity to expand service and use volunteer workforce Potential advantages may be missed. Possibility of low staff morale due to difficulty of caring for people in a holistic way. Clinical staff may end up undertaking inappropriate tasks No improvements in outcomes for citizens from existing system Missed opportunity to transform the ways in which services have to be delivered in the future.
Other Points	Any other relevant information.

3.2 Option 2 – Part time Chaplaincy Listening Service coordinator for 18.75 hours	
Description	*Describe the option and show to what extent it fulfils the project's stated objectives and any other benefits.* This option involves employing a part time coordinator (18.75 hours) who would: • deliver 2/3 sessions of CCL Listening per week • oversee and support chaplains and volunteers who deliver the service • liaise with GP Practices and Practice Managers • organise Supervision and Value Based Reflective Practice (VBRP) for volunteer listeners and liaise with VBRP facilitator • investigate and prioritise areas where the service would be most supportive • raise awareness of the service and the existing evidence of the difference the service makes • influence colleagues in accepting this service as part of their available tool box of support • promote the service at different health and wellbeing and third sector events • identify future CCL locations • select, train and supervise volunteers deployed into identified areas.
Expected Costs	*Detail the estimated costs involved with implementing this option, including whole life costing where appropriate.* Costs relate to salary costs for the provision of the 0.5 WTE coordinator and associated training and IT requirement. The cost across 4 years would be £128k
Risks Specific to this Option	*Describe any significant risks which are specific to this option and any mitigating action.* There is a risk that we may not be able to recruit to this post We will be unable to meet the demand on the service and increase number of volunteers
Advantages & Disadvantages	*Weigh up the main pros and cons of this option.* **Advantages:** • CCL would be able to develop from a service which is presently placed primarily in primary health care to support social care services and third sector partners. • CCL supports the ACHSCP Strategic Priorities and with its use of volunteers the service would be sustainable. • Needs of individual can be assessed holistically and team has an opportunity to work out how best to meet the person's needs; • Supports the continued shift to a more person-centred culture;

	• May realise financial efficiencies; • Possibility of improved staff and patient experiences; • Quick impact city wide. **Disadvantages:** • Will require funding to support • Will be unable to meet demand of the increase in volunteers across the 4-year period.
Other Points	

3.3 Option 3 – Chaplaincy Listening Service coordinator (0.5WTE) in year 1 and 2 increasing to 1 WTE in year 3 and 4 to support growth in programme.	
Description	*Describe the option and show to what extent it fulfils the project's stated objectives and any other benefits.* This option involves employing 0.5 WTE for 2 years and increasing to one WTE coordinator (37.5 hours) in year 3 and 4 who would: • deliver 4/5 sessions of CCL Listening per week • oversee and support chaplains and volunteers who deliver the service • liaise with GP Practices and Practice Managers organise Supervision and VBRP for volunteer listeners • investigate and prioritise areas where the service would be most supportive • raise awareness of the service and the existing evidence of the difference the service makes • influence colleagues in accepting this service as part of their available tool box of support • promote the service at different health and wellbeing and third sector events • identify future CCL locations • Support increased number of volunteers • select, train and supervise volunteers deployed into identified areas including succession planning • Sustainability of project
Expected Costs	*Detail the estimated costs involved with implementing this option, including whole life costing where appropriate.* Costs relate to salary costs for the provision of the coordinator and associated training and IT requirements. See section 5
Risks Specific to this Option	*Describe any significant risks which are specific to this option and any mitigating action.* There is a risk that we may not be able to recruit to this post

Advantages & Disadvantages	*Weigh up the main pros and cons of this option.* **Advantages:** • CCL in every GP practice in the city when we have full time capacity in post • CCL would be able to develop from a service which is presently placed primarily in primary health care to support social care services and third sector partners. • CCL supports the ACHSCP Strategic Priorities and with its use of volunteers the service would be sustainable. • Needs of individual can be assessed holistically and team has an opportunity to work out how best to meet the person's needs; • Supports the continued shift to a more person-centred culture; • May realise financial efficiencies; • Possibility of improved staff and patient experiences; • Quick impact city wide. • This option would enable the service to accommodate increase in provision provided in other health and social care context e.g. custody suite • The service would be able to plan for the growth in number of volunteers and individuals that it supports. **Disadvantages:** • Will require funding to support
Other Points	

3.4 Scoring of Options Against Objectives

Objectives	Options Scoring Against Objectives							
	1	2	3	4	5	6	7	8
Promote person centred care	1	3	3					
Improved service effectiveness and efficiency	1	2	3					
Improved staff satisfaction	1	2	3					
Improve health and wellbeing of staff and community	1	2	3					
Support transformational change to the way we deliver health and social care through a model that focuses on community resources	0	2	3					
Total	4	11	12					
Ranking	3	2	1					

Scoring
Fully Delivers = 3
Mostly Delivers = 2
Delivers to a Limited Extent = 1
Does not Deliver = 0
Will have a negative impact on objective = -1

3.5 Recommendation

Based on the options appraisal above, it is recommended that option 3 is delivered

4. Scope

What will the project produce? What are its outputs?

Consider what business services, processes, people and environments will be delivered, affected or changed by the project.

Also define the work the project will carry out to make the transition from the project to 'business as usual'.

Programme Aims:

Key Aims:

- To support people and through communities to build resilience
- To compliment the work of other professionals

Outcomes:

- People taking ownership for their own wellbeing
- People being more resilient in facing challenges in their life journey
- Building up resilient communities who can support each other
- Professionals time being freed to use specific skills – specifically GP time
- Professionals knowing, they have a variety of tools to support those in their care and therefore reducing frustration and low morale

The patient journey through the CCL is a simple one. Patients are referred to the service most commonly by their GP; alternatively, they can be referred by another healthcare professional or they can request an appointment themselves. They meet with the Chaplaincy listener who introduces them to the service and what to expect. They then meet with the listener for as many sessions as are needed for them to tell their story, consider the existential issues they are facing and feel some sense of resolution or peace with what is currently happening in their life. The patients decide on the number of sessions they need. Once they feel the burden of their spiritual distress has lightened in some way they discharge themselves from the listening service. Sessions last 50 minutes and patients are free to discharge themselves from the listening service at any time, without explanation.

Current Programme:

The Chaplaincy Listening Service currently has 10 active volunteers who provide on average 2 hours of voluntary support per week. This equates to 1040 hours per annum. In September 2018 there will be a further 6 – 7 volunteers recruited bring total number of volunteers to 16.

In relation to scale up our planned increased in volunteers is as follows:

2018 – 16 volunteers
2019 – 25 volunteers

2020 – 37 volunteers
2021 – 48 volunteers

Rules/ Framework:

RECRUITMENT: Adhere to organisational processes
Interviews/ recruitment by reps of Implementation working group

REFERRALS: Need to build into Communications Strategy

FINANCE: Devolved budget for team

TRAINING: Required training for team members:
Training Plan required

CLINICAL SUPERVISION: Chaplain

HR POLICIES: Comply with corporate policies re sickness absence etc.
Managed by team (discuss with HR)

SERVICE PROVISION: 0.5 WTE increasing to 1 WTE

4.1 Out of Scope

List any notable exclusion, those areas that may be viewed as associated with the project or the affected business area but which are excluded from the scope of the project.

This project will link into several transformation projects; however, other projects are out with the scope of this project.

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Benefits (anticipated benefits are agile and will adapt to complex system in which service operates)

Citizen Benefits

Benefit	Measure	Source	Baseline	Expected benefit	Measure frequency
Improved wellbeing	Perceived resilience Social support	Questionnaire (eg. adapted CARE Measure tool) + Case studies	n/a	Improved citizen wellbeing over duration of service	3 months post implementation
Service satisfaction	Perceived compassion of listeners Perceived quality of listeners			Service acceptable to citizens	

Staff Benefit

Benefit	Measure	Source	Baseline	Expected benefit	Measure frequency
Listeners -Professional Development	Training provided to listeners	CPD log	n/a	Increased professional development through training provision	3 months post implementation
-Improved wellbeing	Sense of belonging Perceived value Overall wellbeing	Questionnaire + Case studies		Improved wellbeing of listeners through volunteering	
General Practice -Satisfaction	Ease of referral process	Questionnaire			

With service	Value of listeners			Listening service acceptable to General Practice staff	

Resource Benefits					
Benefit	**Measure**	**Source**	**baseline**	**Expected benefit**	**Measure frequency**
Reduced pressure on primary care	Number of free hours of care delivered	Service descriptive data	n/a	Free care delivered by listeners will reduce pressure on primary care	3 months post implementation
Reducing health inequalities	Employment	Service Data		Access to listeners provided to users across employment spectrum	
	SIMD	Service Data		Increase in users from deprived areas using CL service	
	Ethnicity	Service Data		Increase in users from ethnic minorities using CL service	

5. Costs

5.1 Project Capital Expenditure & Income

(£'000)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Mobile Phone	£300										£300
Laptop	£898.75										£899
Sub-Total	£1198.75										**£1199**

(£'000)	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Listening Service Coordinator (Band 6 + oncosts)	£21,820	£22,667	£46,748	£50,276	Recurring	£141,511
Travel Costs (based on 100miles per month @ 40p) + travel to national events	£750	£750	£1,000	£1,000	Recurring	£3,500
ICT Equipment (mobile contract)	£240	£240	£240	£240	Recurring	£960
CCL training	INKIND from chaplaincy care service					
Clinical Supervision	£4,800	£4,800	£4,800	£4,800	Recurring	£19,200
Volunteer Support budget	£2,000	£2,000	£2,000	£2,000	Recurring	£8,000

Marketing and Promotion	£2,000	£1,000	£500	£500		£4,000
Sub - Total	**£31,610**	**£31,457**	**£55,288**	**£58,816**		**£171,171**
Total (Revenue and Capital)	**£32,808**	**£31,457**	**£55,288**	**£58,816**		**£178,369 (4 years)**

6. Procurement Approach

If this project will involve the procurement of products or services, describe the approach that will be taken based upon the recommended option.

7. State Aid Implications

Indicate whether this project will have any state aid implications.

There are no anticipated state aid implications.

8. Equalities Impact Assessment

What equalities impacts (including health impacts) with the project have. Indicate whether an equalities impact assessment and/or health impact assessment has or will be undertaken.

The Listening Service actively promotes the engagement of people from diverse and marginalised groups by:

- Encouraging processes to make it easy to find, understand and use information
- Encouraging people to take ownership for their own wellbeing
- Encouraging people to be more resilient in facing challenges in their life journey
- Building up resilient communities who can support each other

9. Key Risks

Description	Mitigation
Fully explain any significant risks to the project, especially those which could affect the decision on whether and in what form the project goes ahead.	*Details of any mitigating action already taken or suggested*
Difficulty in recruiting coordinator to position	Discussion will be ongoing in relation to advertising and promoting post

Difficulty in recruiting busy practices to participate.	Locality Quality Lead to ensure communication with general practices and to champion programme
For the proposed new model of service delivery to be effective and to maximise the benefits, full commitment and "buy in" to the new service model and the project from all partners and stakeholders is essential.	Communication and Engagement Strategy to be in place
Consulting space within GP practices is limited	Investigate community space and potential hub approach across city

10. Time

10.1 Time Constraints & Aspirations

Detail any planned or agreed dates, any time constraints on the project or the affected business areas and any other known timescales.

It is anticipated that the funding for this post will come through the contribution from Scottish Government for delivering the primary care improvement plan and action 15. It is therefore important that this project is progressed as quickly as possible to ensure no underspend is clawed back.

10.2 Key Milestones

Description	Target Date
Project Team Established	August 2018
Business Care presented to TCSD Programme Board	04.08.18
Draft Business Case to be presented to Executive Programme Board	12.08.18
Chaplaincy Listening Service Coordinator Recruitment commence (develop job profile, job evaluation,	October '18 - January '19
Business Case to go to Executive Programme Board	27.02.19
Business Case to go to Integrated Joint Board for approval	26.03.19
Subject to approval post to be progress through recruitment panel	April - May 2019
Chaplaincy Listening Service Coordinator in post	June 2019

11. Governance

Include any plans around the ownership and governance of the project and identify the people in the key project roles in the table below.

This project sits within the Programme Management Structure of the Aberdeen City Health and Social Care Partnership.

A project team has been established which reports through the Self-Management and Building Community Capacity working group to the Transforming Communities and Service Delivery Programme Board, and ultimately the Executive Programme Board and IJB.

Role	Name
Project Sponsor	Lorraine McKenna (TBC)
Project Manager	Jo Hall – Transformation Programme Manager
Implementation Lead	Katrina Blackwood - Healthcare Chaplain
Other Project Roles	Mark Rodgers - Head of the Spiritual Care Department Dr Calum Leask – Research and Evaluation Team Jane Russell – Partnership Manager, ACVO Anne MacKenzie , Commissioning Lead

12. Resources

Task	Responsible Service/Team	Start Date	End Date
Support with Recruitment	Recruitment Team	September '18	May '19

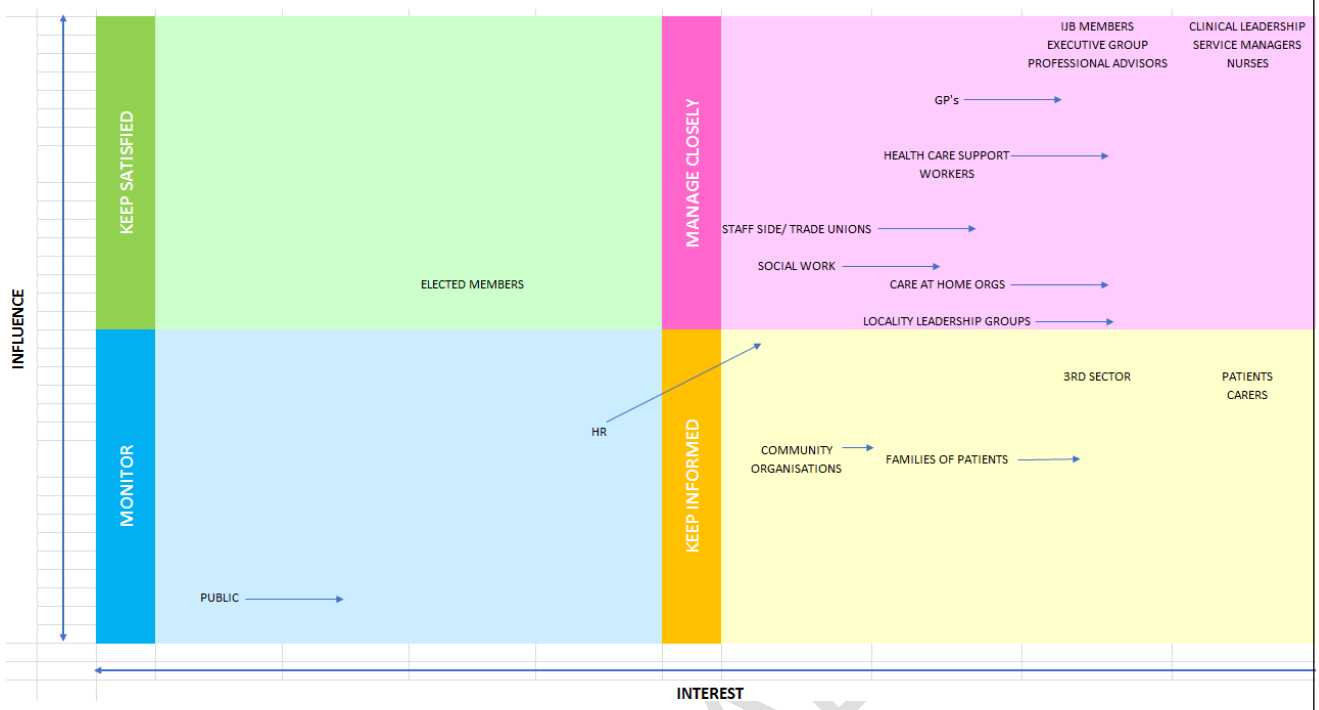
13. Environmental Management

Fully explain any impacts the project will have on the environment (this could include, for example: carbon dioxide emissions, waste, water, natural environment, air quality and adaptation). Include both positive and negative effects and how these will be managed. Include details on how this has been assessed; giving an idea of the cost implication if this exists.

The project should have a neutral impact on the environment as the team will be locally based.

14. Stakeholders

List the key interested individuals, teams, groups or parties that may be affected by the project or have an interest in it, including those external to the organisation. Show what their interest would be and their level of responsibility. Also discuss any plans for how they will be engaged including the use of any existing communication channels, forums or mechanisms already in place.



A stakeholder matrix has been developed by the Project Team as above. Due to the significant number of stakeholders affected by the project it is imperative that a communication strategy is developed which will consider appropriate ways to ensure communication throughout the duration of the project.

15. Assumptions

Document the high level assumptions that have been made during the development of the business case and any other unanswered questions that may be significant.

The following assumptions have been made:

- We will be able to recruit to the coordinator roles
- That there will be support and buy in from GP practices across the city
- Patients will engage with the process

16. Dependencies

Document any projects, initiatives, policies, key decisions or other activities outside the control of the project that need to be taken into account or which may present a risk to the project's success.

This project is part of a wider transformational programme across Aberdeen City intended to radically change the system of health and social care. Whilst this project will have great value on its own, when it is taken together with the other elements of implementing the

integration strategies and plans it will provide essential and fundamental support for service change across the city.

17. Constraints

Document any known pressures, limits or restrictions associated with the project.

Constraints are being defined and managed as the project progresses

18. ICT Hardware, Software or Network infrastructure

Description of change to Hardware, Software or Network Infrastructure	Approval Required?	Date Approval Received
Not required – will be utilising NHS System and office365		

19. Support Services Consulted

Service	Name	Sections Checked / Contributed	Their Comments	Date
Finance	S Thomson / G Parkin	Finance	Ok with financial section	31.08.18
Human Resources	HR Team			

20. Document Revision History

Version	Reason	By	Date
1.1	First draft business case	Jo Hall	02.07.18
1.2	Business Case reviewed by project team	Jo Hall	29.08.18
1.3	Business Case updated	Jo Hall	22.02.19
1.4	Financial updated with new agenda for change salary costs	Jo Hall	15.03.19