

BCF 2016/17

Scheme Review  
Fylde and Wyre

# Guidance

- The intention of the review is to tell the story of each scheme's development, delivery and impact.
- Where there is quantitative evidence this should be highlighted.
- Where there is no quantitative evidence this should be explained
- Where qualitative comment is given this represents the LA or CCG's view.
- Each scheme is to have its own review slides completed.
- Any narrative to be kept brief, bulleted if appropriate and original i.e. not copied from scheme description.
- The logic model should reflect the planned and actual . An example logic model is provided separately.

# Fylde Coast Vision for Health & Social Care

The key vision shared by health and social care organisations across the Fylde Coast is to jointly improve the health and wellbeing of all sections of the population, whilst contributing towards financial stability within the health and social care economy.

The Fylde Coast health and social care economy recognises that continuing to deliver more care in its current form will not make the required step change improvements in quality of care provision and clinical outcomes that the local population requires. The five year strategic plans of the various organisations within the Fylde Coast health and social care economy all identify this case for change, with key issues being:

- An increasing population, particularly those aged over 60
- Significant levels of deprivation
- Significant health inequalities
- Low life expectancy
- High prevalence of long term conditions
- High prevalence of negative lifestyle choices
- Significantly high utilisation of urgent and emergency healthcare services

The stakeholders from the various organisations within the Fylde Coast health and social care economy have established agreement through the Fylde Coast Commissioning Advisory Board to design and implement a range of patient centric models of care which aim to address these key issues.

# Summary

Scheme Title	£s in 2016/17 (000s)
BCF06 – Intermediate Care Redesign	£1,935
BCF07 - Admissions Avoidance	£3,714
<b>Total</b>	<b>£5,649</b>

# BCF06 – Intermediate Care Redesign

## BCF07 - Admissions Avoidance

Scheme element	Planned activity	Actual Activity	Reason for any difference between planned and actual
<ul style="list-style-type: none"><li>• Schemes currently within our BCF have been established for some time, and consequently each element has oversight arrangements that contribute to making the Fylde Coast vision for Health and Social Care services real.</li><li>• Schemes are commissioned against service specifications across the Fylde Coast (i.e. shared with BCCG and Blackpool Council as well as the Acute provider and LCFT or on F&amp;W's behalf via Blackburn with Darwen CCG), but have evolved over time and in relation to specific system pressures</li><li>• Multiple factors that affect the total number of emergency admissions and delayed transfers of care across the Fylde Coast not all of which can be influenced by/mitigated by BCF interventions</li><li>• Costs to support implementation are partly met through the BCF</li></ul>			

## Intermediate Care Redesign

**Context** - Significant reduction in funding, increased pressures on A&E, five day working, gaps and duplication in workforce and limited focus on patient experience has resulted in whole systems approach from partner organisations to develop a new model care

**Enablers** include programme management & governance, evaluation framework, commissioning strategy, pathway development, BCF Fund (pooled budget) (recurrent contracts & funding, non-recurrent funding (resilience); up skilling staff, patients and carers

**Rationale** - the current system is constrained by organisational and professional boundaries, resulting in reactive, fragmented, inefficient care that impacts on patient and carer experience and outcomes. A focus on person centred pro active and co-ordinated care for patients with high health and social care needs no matter where they live, will support appropriate use of resources, reduce inequality of care, will improve patient and carer experience and outcomes, ensuring people will live longer with better quality of life.

### Inputs

Intermediate care  
Nursing & therapies

Early supported discharge

Hospital Discharge Services  
(COPD, CBIRS, Neuro Physio,  
Parkinson's, HD & Discharge)

Mental Health Services  
(Community Inclusion)

Mental Health Services  
(Day Care/Rehab &  
Supported Accommodation)

### Activities

Multi-disciplinary working

Care planning and  
coordination

Programme of self care  
and independence

Supporting individuals' self  
care and independence

Effective and evidence-based  
clinical pathways

Address the needs of people  
with long term conditions to  
reduce demand on services  
through managing such  
conditions before crisis point  
is reached.

### Outputs

Patients, carers and staff have  
improved access to services,  
advice and information

Reduce inappropriate use of  
secondary care, nursing  
and care homes

Improved pro active  
management of patients with  
high health and social care  
needs

Reduced DTOC rate

Reduced admission rate for  
cohort

Reduced readmission rate for  
cohort

### Outcomes

Individuals maintaining  
Independence in their own homes

Acute bed capacity is freed-up

Improved patient flow through  
acute system

Improved health and well-  
being of people who live longer  
with a better quality of life

Reduced admission rate for  
cohort

People are more in control of their  
care and better able to self-  
manage, reducing service  
dependency

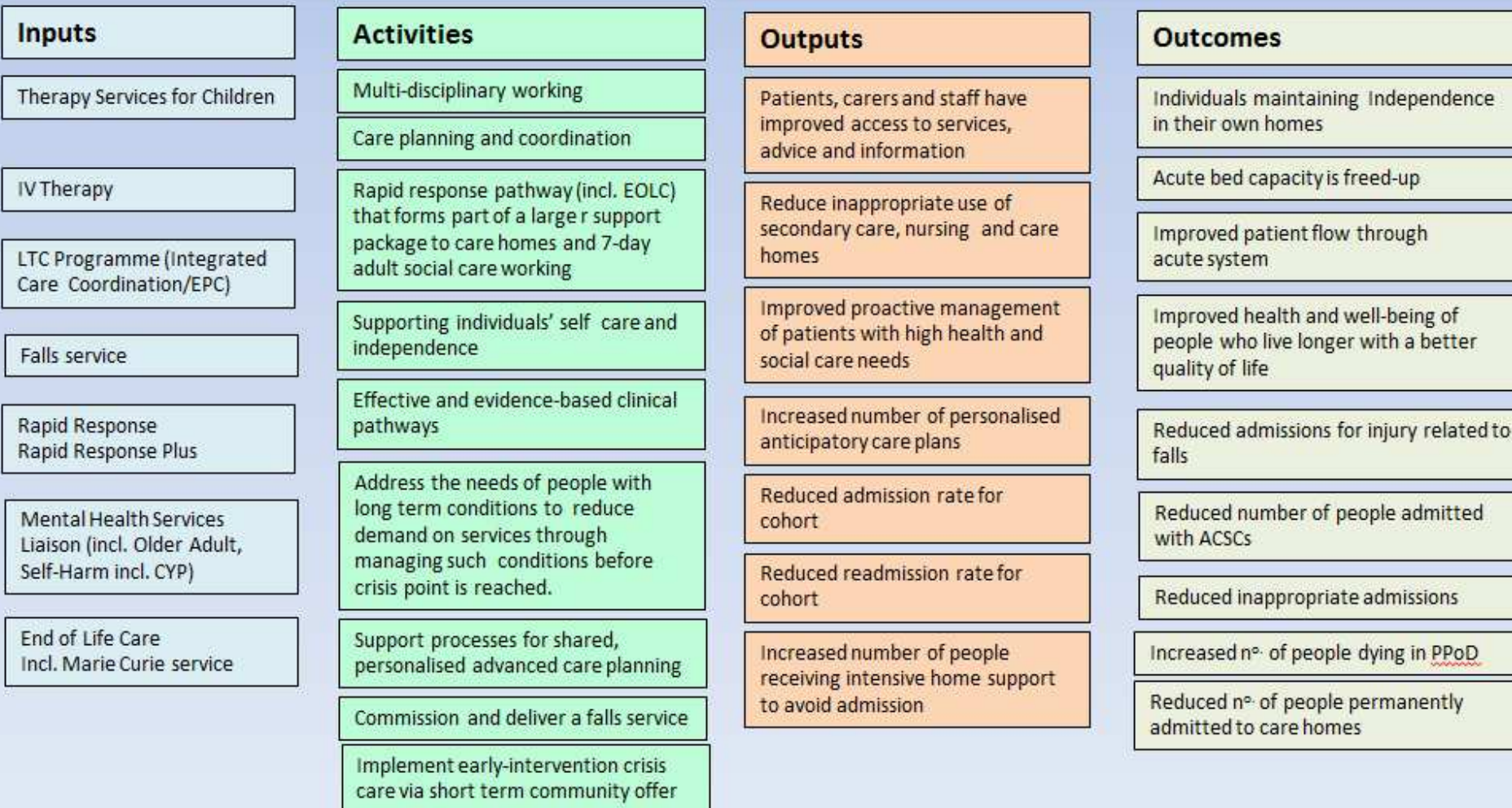
Reduced inappropriate admissions

## Admission Avoidance

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# Barriers/Challenges/Risks

Barriers / Challenges to successful delivery	Managed by....			
<p><b>Complex Service Provision</b></p> <table border="1"> <tr> <td data-bbox="253 416 566 1034"> <p><b>BTH Acute and Community:</b> ESD, neuro rehab AA Enhanced primary care Extensive care Rapid Response Rapid response Plus Admission avoidance teams Access to ARC HDT Outreach from Clifton Outreach from acute Rehab coordinators (2 WTE) ARC, Clifton (8) and Thornton House (18, F&amp;W)</p> </td> <td data-bbox="566 416 864 1034"> <p><b>LCC:</b> Team manager On-site SW (5); Social Care Support Officers (6) Rapid response+ (1SW &amp; 2SWSO) Residential rehab Reablement with therapy 18 IC beds in Thornton house Crisis Hours (with Morecambe Bay) ICT capacity SW/SCAO capacity for rehab and crisis Community Staff reviewers Short term care placements Access to dom care market</p> </td> <td data-bbox="864 416 1167 1034"> <p><b>Vanguard/NMOC</b> 6 hubs in Blackpool SPOA 4 hubs in F&amp;W Can follow people into &amp; through hospital CHC team in community offices at BCCG CHC team via CSU</p> <p><b>BCC:</b> Social workers in HDT IC (ARC) – 10 enhanced/23 LAIC Packages of care Reablement (mostly private)</p> </td> </tr> </table>	<p><b>BTH Acute and Community:</b> ESD, neuro rehab AA Enhanced primary care Extensive care Rapid Response Rapid response Plus Admission avoidance teams Access to ARC HDT Outreach from Clifton Outreach from acute Rehab coordinators (2 WTE) ARC, Clifton (8) and Thornton House (18, F&amp;W)</p>	<p><b>LCC:</b> Team manager On-site SW (5); Social Care Support Officers (6) Rapid response+ (1SW &amp; 2SWSO) Residential rehab Reablement with therapy 18 IC beds in Thornton house Crisis Hours (with Morecambe Bay) ICT capacity SW/SCAO capacity for rehab and crisis Community Staff reviewers Short term care placements Access to dom care market</p>	<p><b>Vanguard/NMOC</b> 6 hubs in Blackpool SPOA 4 hubs in F&amp;W Can follow people into &amp; through hospital CHC team in community offices at BCCG CHC team via CSU</p> <p><b>BCC:</b> Social workers in HDT IC (ARC) – 10 enhanced/23 LAIC Packages of care Reablement (mostly private)</p>	<p>Improved working together with other partners Timely access to service leads Improved knowledge of services and referral processes/pathways &amp; protocols Governance arrangements: A&amp;EDB UECN H&amp;WB STP Evolving ACS</p>
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<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Successful diversion of activity away from the acute trust will reduce their income faster than they can shed their costs</li> <li>• BCF schemes fail to divert adequate activity away from acute trust</li> </ul>	<p>Managed by...</p> <p>Close performance management Senior staff oversight Executive buy-in Escalation arrangements</p>			



# High Impact Change Model

	Alignment with High Impact Change Model of Transfers of Care X=yes; -X=limited	BCF06 – Intermediate Care Redesign	BCF07 - Admissions Avoidance
1	Early discharge planning.	X	
2	Systems to monitor patient flow.	X	X
3	Multi-disciplinary/multi-agency discharge teams, including voluntary & community sector.	X	X
4	Home first/discharge to assess.	X	X
5	Seven-day service.	X	X
6	Trusted assessors.	X	X
7	Focus on choice.	X	X
8	Enhancing health in care homes.	X	X

Alignment with Plans	BCF06 – Intermediate Care Redesign	BCF07 - Admissions Avoidance
Urgent and Emergency Care	X	X
A&E Delivery Board	X	X
Operational plan (s)	X	X
Other...		

# Delayed Transfers of Care

The following nationally-produced tables identify the significant (36%) improvement in Blackpool Teaching Hospitals' DTOC performance over the past 13 months. The Trust is currently achieving it's 3.5% target for November 2017.

DATA TABLE														
		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Delayed days	<b>Total</b>	1027	870	962	1295	1081	890	1016	1283	999	850	644	792	655
	<b>NHS Responsible %</b>	53.7%	42.9%	38.4%	36.9%	43.9%	53.8%	49.0%	43.3%	47.0%	48.6%	39.0%	40.7%	36.6%
	<b>Social Care Responsible %</b>	34.3%	34.4%	38.9%	47.2%	38.5%	28.2%	30.9%	34.9%	38.6%	34.1%	43.3%	44.7%	42.6%
	<b>Both Responsible %</b>	12.0%	22.8%	22.8%	15.9%	17.6%	18.0%	20.1%	21.8%	14.3%	17.3%	17.7%	14.6%	20.8%
	<b>NHS Responsible</b>	552	373	369	478	473	479	498	555	470	413	251	322	240
	<b>Social Care Responsible</b>	352	289	374	611	416	251	314	448	386	290	279	334	279
	<b>Both Responsible</b>	123	198	219	206	190	160	204	280	143	147	114	116	136
	<b>Acute Responsible %</b>	70.6%	62.9%	70.5%	65.1%	63.9%	60.1%	67.2%	65.8%	71.3%	63.2%	63.0%	57.2%	52.4%
	<b>Non Acute Responsible %</b>	29.4%	37.1%	29.5%	34.9%	36.1%	39.9%	32.8%	34.2%	28.7%	36.8%	37.0%	42.8%	47.6%
	<b>Acute Responsible</b>	723	547	678	843	691	535	683	844	712	537	406	453	343
<b>Non Acute Responsible</b>	302	323	284	452	390	355	333	439	287	313	238	339	312	

Delayed days		
<b>Total</b>	<b>655</b>	this month compared to 792 last month and 1,027 in the same month last year
<b>NHS</b>	<b>36.6%</b>	this month compared to 40.7% last month and 53.7% in the same month last year
<b>Social Care</b>	<b>42.6%</b>	this month compared to 44.7% last month and 34.3% in the same month last year
<b>Both</b>	<b>20.8%</b>	this month compared to 14.6% last month and 12.0% in the same month last year
<b>Acute</b>	<b>52.4%</b>	this month compared to 57.2% last month and 70.6% in the same month last year
<b>Non Acute</b>	<b>47.6%</b>	this month compared to 42.8% last month and 29.4% in the same month last year

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST PERFORMANCE COMPARED TO OTHER LARGE ACUTE TRUSTS IN THE NORTH REGION												
		Delayed bed days per occupied bed over 13 months	Apr-17	May-17	Jun-17	Previous 12 month rolling	Current 12 month rolling	% of NHS Responsible	% of Social Care Responsible	% of Both Responsible		
	RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	3.1%	3.6%	3.1%	3.2%	4.3%	36.6%	42.6%	20.8%		
1	RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	5.1%	5.7%	5.4%	5.3%	7.6%	36.1%	63.9%	0.0%		
2	RBL	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	4.5%	4.6%	6.4%	1.1%	5.3%	47.5%	23.9%	28.5%		
3	RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	8.3%	5.1%	8.2%	4.8%	6.2%	36.1%	61.5%	2.4%		
4	RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	3.0%	4.8%	4.7%	4.3%	5.0%	43.5%	56.5%	0.0%		
5	RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	4.8%	4.3%	4.4%	4.1%	4.8%	48.3%	49.5%	2.2%		
6	RXF	MID YORKSHIRE HOSPITALS NHS TRUST	4.1%	4.4%	4.3%	4.7%	4.3%	97.9%	2.1%	0.0%		
7	RJL	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	3.1%	3.6%	3.5%	2.6%	3.0%	80.7%	11.2%	8.1%		
8	RWS	PENNINE ACUTE HOSPITALS NHS TRUST	2.9%	1.9%	2.6%	1.7%	2.2%	55.1%	44.9%	0.0%		
9	RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	2.0%	2.5%	2.6%	4.1%	2.2%	64.3%	31.6%	4.0%		
10	RRF	WRIGHTINGTON, WISAN AND LEIGH NHS FOUNDATION TRUST	1.3%	1.2%	1.2%	0.0%	0.8%	71.3%	28.7%	0.0%		
11	RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	0.5%	0.5%	0.5%	0.0%	0.2%	60.1%	39.9%	0.0%		
12	RXP	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	0.6%	0.9%	0.2%	1.7%	1.0%	100.0%	0.0%	0.0%		
13	RLN	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	0.6%	0.4%	0.4%	0.6%	0.4%	43.8%	56.2%	0.0%		

DTOC KEY STATS		
<b>Total</b>	<b>655</b>	this month compared to 792 last month and 1,027 in the same month last year
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# Non-elective admissions

The following nationally-produced tables identify the decline in Blackpool Teaching Hospitals' A&E performance over the past 13 months.

## A&E PERFORMANCE

### Commentary

#### A&E Performance

Blackpool Teaching Hospitals NHS Foundation Trust A&E all type performance for the year to date is 86.0%. The monthly A&E all type performance was 83.3% which is a decrease on last month by 3.8%. The trust needs to be achieving at least 99.5% for the remainder of the year to meet the 95% target. The number of delays greater than 12 hours from the decision to admit to admission has increased since last month by 0.

#### Emergency Admissions

Blackpool Teaching Hospitals NHS Foundation Trust has 29.2% of Type 1 A&E attendances becoming admitted for the current month. This is lower than the 12 month rolling average of 29.6%.

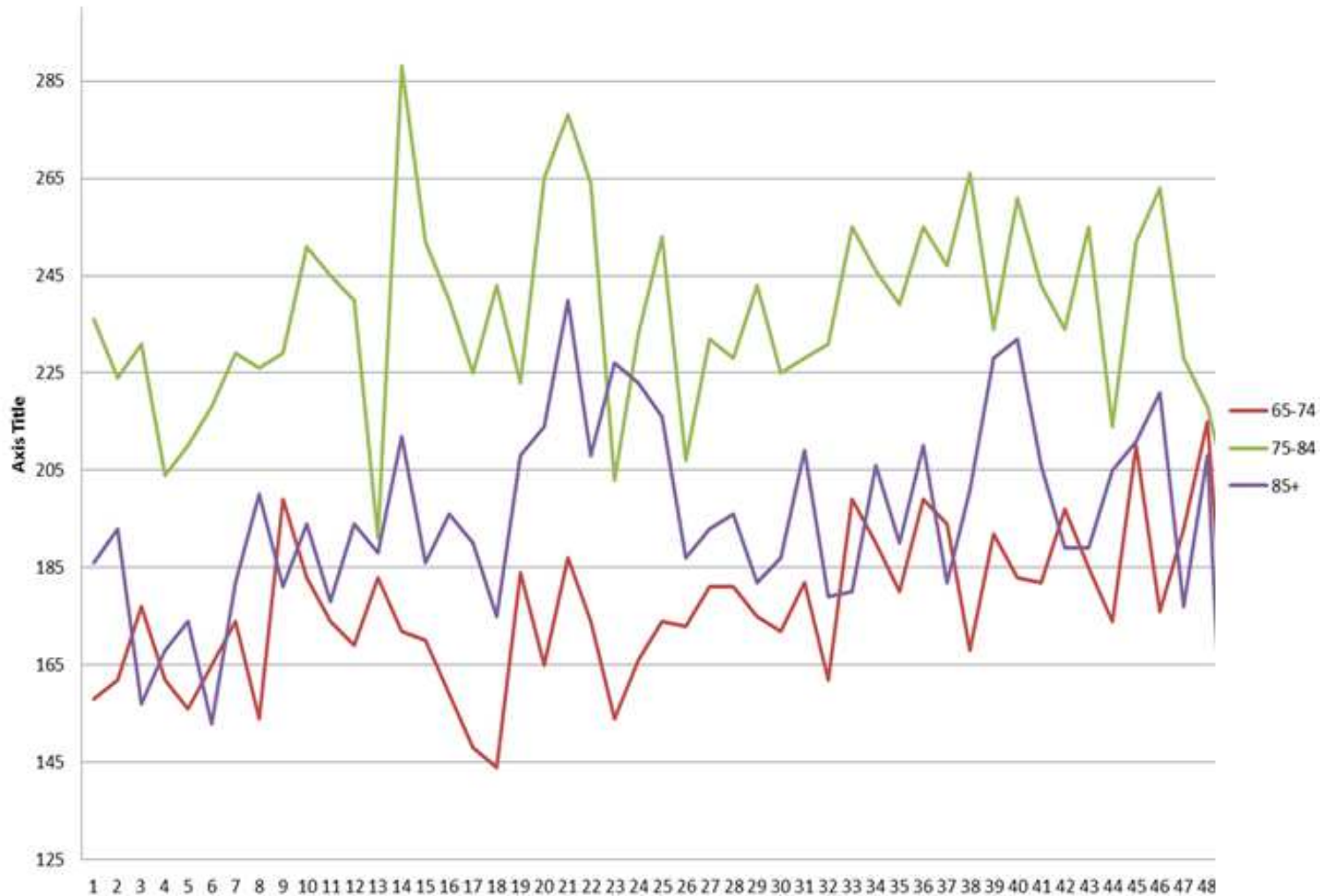
## DATA TABLE

Monthly figures prior to June 2015 are estimated in order to allow comparisons to earlier months. At provider level these should be regarded as a rough estimate and viewed with caution. Please also refer to the official weekly figures for this time period.

		Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 month	YTD
<b>Performance</b>	All Type	91.9%	89.3%	88.8%	89.1%	83.3%	84.7%	83.6%	86.6%	88.7%	85.0%	87.2%	83.3%	86.8%	86.0%
	Type 1	81.7%	75.9%	74.7%	75.0%	61.0%	63.2%	61.2%	68.7%	73.8%	66.5%	70.4%	61.6%	69.7%	67.9%
Month-11% Month-10% Month-9% Month-8% Month-7% Month-6% Month-5% Month-4% Month-3% Month-2% Month-1% Month0% At CurrentRolling 12 month YTD % Attended															
<b>% conversion</b>	All Type	11.5%	11.6%	12.0%	12.4%	14.0%	13.6%	13.7%	13.5%	13.1%	13.2%	12.9%	12.7%	12.8%	13.0%
	Type 1	26.1%	26.3%	27.3%	28.3%	32.6%	32.7%	32.4%	31.8%	30.5%	29.6%	29.8%	29.2%	29.6%	29.8%
<b>Attendances</b>	All Type	17,112	16,640	17,677	15,426	16,095	15,743	14,763	16,584	16,667	16,941	16,759	17,849	198,256	68,216
	Type 1	7,524	7,332	7,794	6,752	6,902	6,534	6,229	7,064	7,141	7,588	7,262	7,742	85,864	29,733
<b>Breaches</b>	All Type	1,380	1,776	1,977	1,688	2,690	2,406	2,418	2,216	1,876	2,547	2,152	2,975	26,101	9,550
	Type 1	1,377	1,769	1,971	1,687	2,690	2,406	2,417	2,208	1,869	2,541	2,149	2,971	26,055	9,530
<b>Emergency Admissions</b>	All Type	2,949	2,916	3,147	2,824	3,114	3,017	2,848	3,214	3,065	3,200	3,086	3,185	36,565	12,536
	Type 1	1,961	1,927	2,127	1,913	2,251	2,136	2,021	2,247	2,180	2,244	2,161	2,261	25,429	8,846

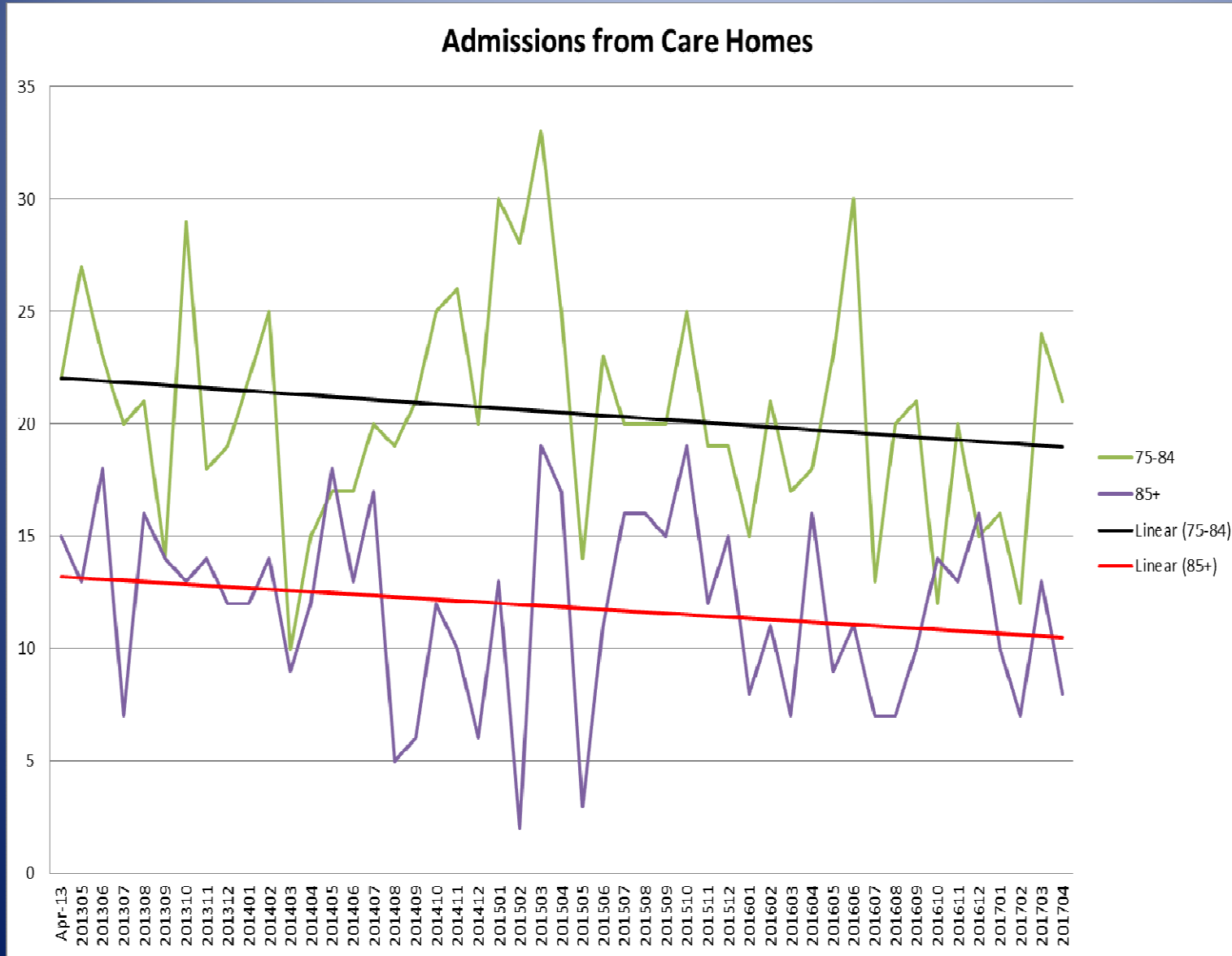
# Non-elective admissions

Emergency Admissions - 1/4/13-31/3/17



Less variation in the pattern of attendance in some age groups

# Admissions from Residential & Nursing Homes



Fewer numbers and less variation in the patterns of admissions from care homes – can give an idea of the impact

# Learning from delivery of the schemes

Learning	How shared and who with ?
Focus on areas of high need and use	A&EDB
Reduce hospital use, especially unplanned to release resources	UECN
Invest in community services to deliver care more appropriately	H&WB
Work in partnership across the whole system, recognise key role of providers	STP
Aim to integrate services above all else	Evolving ACS Partners

## Qualitative assessment summary

	Is working as planned and delivering on outcomes	Represents value for money in the long term	Builds long term capacity for integration locally; enables new models of health and social care	Evidently supports people effectively, improving patients /service user satisfaction	Has buy in from all stakeholders and workforce: Frontline staff and political, clinical, managerial leaders	Reflects a truly whole system approach	Supports shift towards prevention/early help and community support/ self -help	Total /70
Intermediate Care Redesign	9	9	9	9	9	9	9	63
Admissions Avoidance	9	9	9	9	9	9	9	63

## Summary

Scheme Title	Retain ? X	Expand? X	Cease? X	£s in 2016/17	£s in 2017/18
BCF06 – Intermediate Care Redesign	X	X		£1,935	£1,970
BCF07 - Admissions Avoidance	X	X		£3,714	£3,780