

BCF 2016/17

Scheme Review
Morecambe Bay

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.

Summary

Scheme Title	£s in 2016/17 in £000's
Intermediate Care Services to Support Care Co-Ordination (BCF 17)	4,116
Self Care	43
Community Specialist Services	2,963
Total	7,122

Scheme Rationale

Original rationale for scheme.

- Deliver integrated models of care across the Local health Economy
- To deliver localised healthcare to meet the needs of the population in a particularly specialised geography
- To provide sustainable patient outcomes and experience
- Develop a flexible and productive workforce across the health economy
- Create a SPA into the urgent care system
- Reduce ED attendances and NEL admissions by being proactive to patient needs
- Delivering the most appropriate package of care in a community setting
- Whole system out of hospital integration to deliver improved health outcomes
- Reduce dependence on health professionals and increase sense of self-control
- Increased patient satisfaction in health care provision across the health economy
- Focus on 'Out of Hospital' care

Primary prevention	Hospital	Community	Secondary prevention
Support to stay safely and happily at home?	Avoidance and discharge?	Support to return home, reablement and recovery.?	Stabilisation, maintenance, rebuilding resilience. Self care?
X	X	X	X

Activity

Activity during 2016/17

Scheme element	Planned activity	Actual Activity	Reason for any difference between planned and actual
NEL Admissions (at Q3)	4,938	4,463	Scheme implementation
DTOCS (Delayed Days Apr – Dec 16/17 vs 15/16)	8,520	10,165	n/k
Patient Experience – Proportion of people feeling supported to manage their LTC	9.2% ('No' response)	9.8% (July 2016 figure)	n/k

Barriers and Risks

Barriers / Challenges to successful delivery	Managed by....
<ul style="list-style-type: none"> • Communication of scheme change • Scale and scope of self care agenda • Recruitment and retention of specialised clinical and nursing staff 	<p>BCT Programme Team, CCG and wider health / social care partners</p>
<p>Risks</p>	<p>Managed by...</p>
<ul style="list-style-type: none"> • Successful diversion of activity away from the acute trust will reduce their income faster than they can shed costs • BCF schemes fail to divert adequate activity away from acute trust • Costs rise to deliver projects reducing the fiscal benefit 	<p>BCT and CCG Performance Team, Urgent Care Delivery Board, BCF Programme Managers</p>

Transfers of Care Alignment

	Alignment with High Impact Change Model of Transfers of Care	I/C Care Co-Ordination	Self Care	Community Spec. Services
1	Early discharge planning.	X	X	X
2	Systems to monitor patient flow.			X
3	Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector.	X		X
4	Home first/discharge to assess.	X	X	X
5	Seven-day service.	X	X	X
6	Trusted assessors.	X		X
7	Focus on choice.	X	X	
8	Enhancing health in care homes.		X	X

Alignment with Plans

Urgent and Emergency Care

X

A&E Delivery Board

X

Operational plan (s)

X

Other...

Impact

Estimated impact	A reduction of?	Details
NELs	1.8%	Reduction of 146 emergency admissions
DTOC	1.8%	Reduction of 80 delayed transfers
Proportion of people feeling supported to manage their LTC	<=9.2% to respond 'No'	

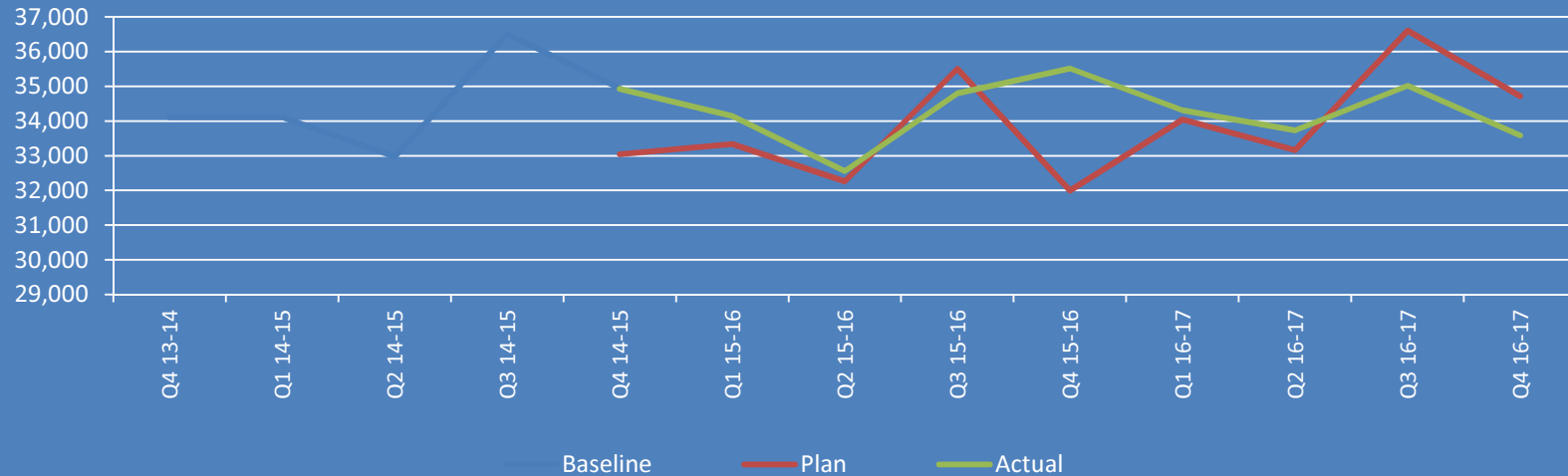
How was impact measured?

Impact was measured by reviewing NEL admissions and DTOCs from this patient cohort and reported at a HWB and CCG level on a quarterly basis against 1.8% reduction in both measures.

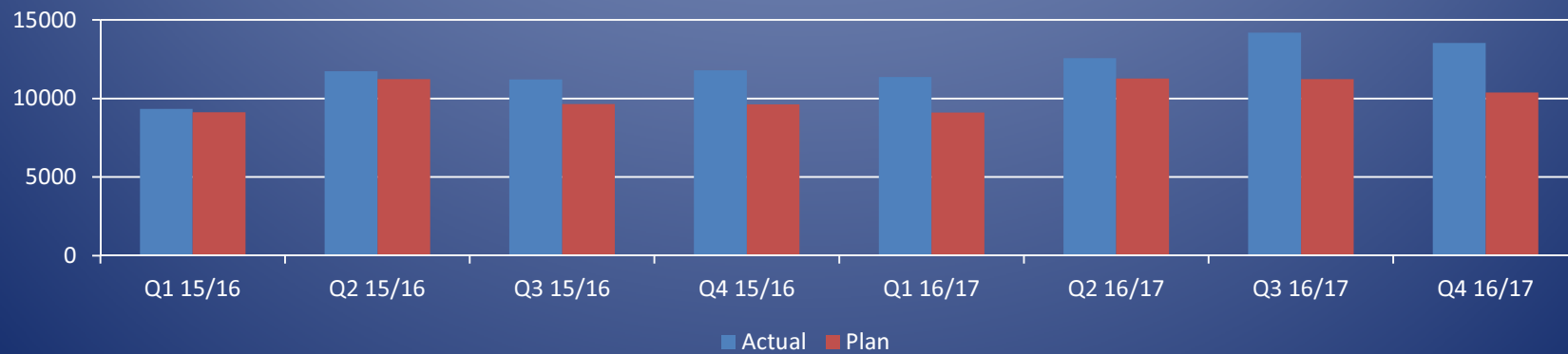
Patient satisfaction surveys undertaken to establish number per 100,000 of population who feel they didn't have sufficient support to manage their LTC and measured against 15/16 baseline of 9.2%

Scheme Activity

Non Elective Admissions - Plan Vs Actual

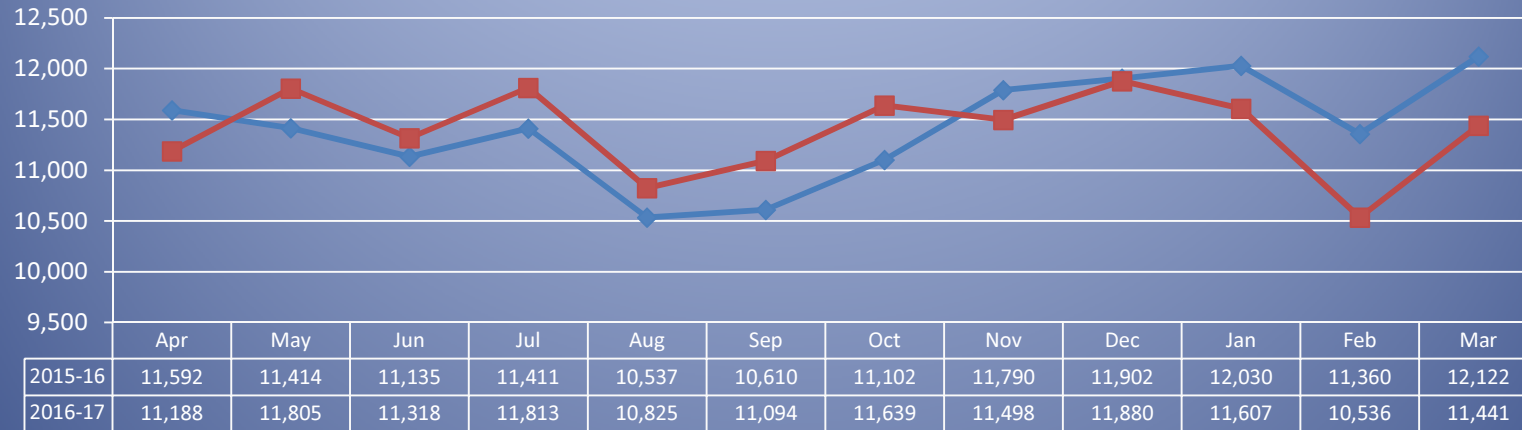


Lancashire LA DToC: Plan Vs Actual Delayed Days by Quarter

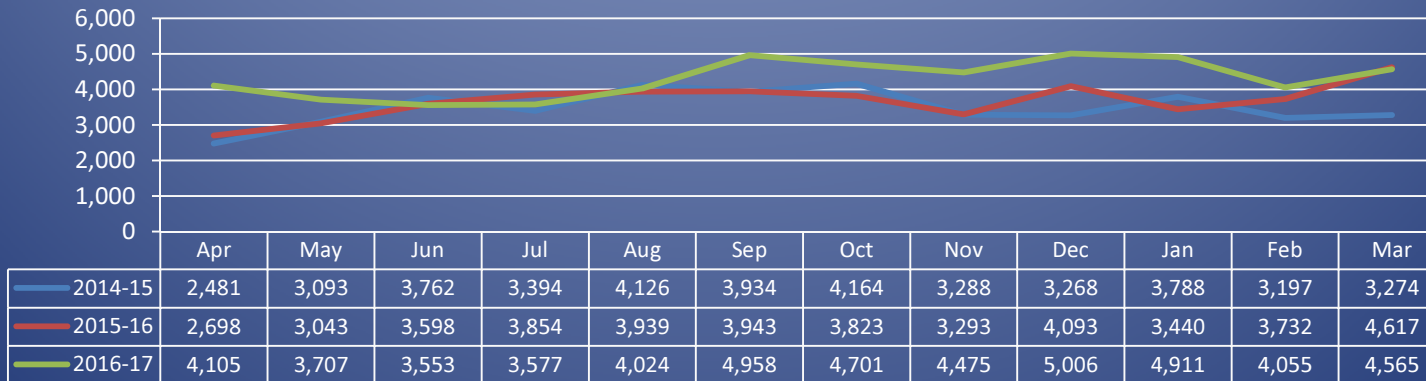


Scheme Activity Cont..

Non Elective Admissions by Month



Lancashire LA DToc: Delayed Days by Month



Learning from delivery of the scheme

- Learning from the schemes is discussed across multiple forums:
 - BCF Programme Leads
 - BCF Steering Group
 - Bay Urgent Care Networks
 - Morecambe Bay A&E Delivery Board
 - Lancashire and South Cumbria Urgent Care Network
- Actions are owned by the relevant body as deemed appropriate and outcomes is fed back in via the governance route outlined above.

Qualitative assessment summary

1 –10 where 1 is “not at all” and 10 is “to a great extent”.

	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 Services to Support Care Co-Ordination	8	8	8	9	9	9	8	59
Self Care	6	7	5	8	7	5	7	45
Community Specialist Services	8	8	8	9	9	9	8	59

Summary

Scheme Title	Retain ? X	Expand? X	Cease? X	£s in 2016/17	£s in 2017/18
Intermediate Care Services to Support Care Co-Ordination (BCF 17)	x			4,116,000	4,192,000
Self Care	x			43,000	44,000
Community Specialist Services	x			2,963,000	3,017,000
Total				7,122,000	7,253,000