

BCF 2016/17

Scheme Review
West Lancashire

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
Building the Future Together	4,967,000
Total	4,967,000

Building for the Future

Original rationale for scheme.

Vision of community services that includes:

Single point of Access

Care co-ordination

MDTs and integrated Neighbourhood Teams

Mobile working IT solutions

Shared Record and Risk Stratification

Clinical councils and co-design

Bespoke outcomes framework incorporating patient voice and co-design

Integration with out of hospital urgent care, VCFS, NWAS, Social Care, Mental Health and Primary Care with collective accountability across whole system

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

Building the Future Together

Activity during 2016/17

Scheme element	Planned activity	Actual Activity	Reason for any difference between planned and actual
Procurement of Model Vision	Procurement of Community Services	Successful bidder mobilisation November 2016 and 'Go Live' May 2017	N/A
Rapid Response Team (CERT)	Continue activities to step patients down and wrap care around people to enable them to stay at home	CERT successful in step down and Step up. Worked with Social Care provider to provide support within 2hr and prevent admissions	Some capacity issues due to long term sickness within the Team.
MOFD meetings at Trust	Multidisciplinary meeting to discuss all patients fit for discharge	MDT meetings held every week	Reviewing all patients takes time, decided to reduce list to longest delayed patients.

Building For the Future

Barriers / Challenges to successful delivery	Managed by....
Interdependency with S&F CCG procurement	Moved 'go live' date to 1 st May to enable incumbent work with two new providers and transition
Risks	Managed by...
<p>Political interest due to move of services from incumbent to independent provider.</p> <p>Due diligence information incomplete</p> <p>Premises/lease transfers</p>	<p>Communications strategy</p> <p>CCG support to incumbent</p> <p>CCG Estates Manager co-ordinating transfer</p>

Building for the Future

	Alignment with High Impact Change Model of Transfers of Care	Yes= X
1	Early discharge planning.	
2	Systems to monitor patient flow.	x
3	Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector.	x
4	Home first/discharge to assess.	x
5	Seven-day service.	x
6	Trusted assessors.	x
7	Focus on choice.	
8	Enhancing health in care homes.	
Alignment with Plans		
Urgent and Emergency Care		
A&E Delivery Board		x
Operational plan (s)		x
Other...		x

Building For The Future

Estimated impact	A reduction of?	Details
NELs	- 10.42%	The model includes existing services which will be enhanced from 2017/18 onwards, however these services have been impacting NELs already. For Example AVS and CERT
DTOC	Local estimated WL figures – DTOC <8 patients per month	Although the number of DTOC patients continues to be small for West Lancashire, there was an increase in the length of delays for some patients. There were issues discharging from intermediate care and short term packages onto long term packages of care. CERT capacity was also stretched which impacted ability to step patients down to intermediate care or home. The SPA and move to Care co-ordination should improve discharge in future years.
Residential Admissions		This data is not available at Wets Lancashire Level.
Effectiveness of reablement services		

How will future impact measured?

Impact will be measured from 2017/18 by:
 Reduction NELs
 Reduction in admissions for Ambulatory Care Sensitive Bed Days
 Reduction in Excess Bed Days for patients over 60 years.

PROMs will be developed through the life of the 5 year contract

Scheme logic model

Inputs	Activities	Outputs	Outcomes	Impact
Risk Stratification	Develop one patient record Set up monitoring of at risk patients Link to Care co-ordination and Urgent Care	Identifying at risk patients Shared records	Patients managed at Home Pro-active care not reactive Better management of at risk groups	Admission avoidance Better patient experience
SPA	Response centre set up Care navigation set up Signposting Referral routes Processes	One number and one referral route for all community services	Clarity and simplicity for referrers One point of contact Co-ordinated response	Admission avoidance Better patient experience Better experience for stakeholders Simplified access to care services
Care Co-ordination	Develop care co-ordination hub	Resource allocation Multi-disciplinary input Rapid intervention for deteriorating patients Planned discharge processes	Patients managed at Home Pro-active care not reactive Better management of at risk groups	Admission avoidance Better patient experience
Integrated Neighbourhoods	Set up locality teams Determine role of Specialist nursing teams Set up MDTs	Management of at risk patients Joined up care/seamless care	Patients managed at Home Pro-active care not reactive Better management of at risk groups	Admission avoidance Better patient experience

Learning from delivery of the scheme

Learning	How shared and who with ?
Procurement experience learning shared with other CCGs	C&SR CCG and Liverpool CCG
CERT management and in-reach to Intermediate Care beds helps to avoid admission and manage patients back to community	Internal and with other CCGs who have approached CCG for Learning

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
Building for the future	10	10	9	10	8	9	9	65

Summary

Scheme Title	Retain ? X	Expand? X	Cease ? X	£s in 2016/17	£s in 2017/18
Building for the future	x			4,967,000	5,056,000
Total				4,967,000	4,967,000