

LLLB Update: Strategic Plan development, Better Care Fund (BCF) and financial modelling/evaluation progress

Manchester Health and Wellbeing Board
Wednesday 2nd July 2014

Mike Houghton-Evans
Strategic Director Families, Health and Wellbeing
and Strategic Lead, LLLB

Contents

- LLLB Strategic Plan,
- Scope of LLLB,
- BCF business cases – costs,
- Evidence of impact to date - integrated care teams,
- Financial modelling of BCF business cases,
- LLLB Performance Scorecard and Dashboard,
- Next steps.

Framework for the LLLB Strategic Plan – 2020

SECTION ONE – STRATEGIC CONTEXT

This section will re-affirm the wider strategic context that LLLB is working within, identifying where LLLB ‘fits’. It will also refresh the aims and objectives of LLLB.

The section will feature:

- The Greater Manchester and Manchester citywide strategic context,
- A refreshed vision statement for the LLLB Programme, leading up to 2020,
- A set of strategic objectives that need to be met to achieve the vision.

SECTION THREE – PLAN FOR 2020

This section will work back from the end 2020 vision and outline what needs to be delivered year by year to achieve this.

This section will feature:

- Identification of short, medium and long term objectives, and enabling relationships,
- Critical success factors that need to be met for the programme to succeed,
- The activity (‘workstreams’) that will be prioritised to deliver the Programme.

SECTION TWO – PROGRESS IN 2013/14

This section will identify the key successes of the LLLB Programme over the previous 12 months related to the stated objectives at the time, and what lessons have been learned that feed into forward planning.

This section will feature:

- A list of the key successes over the period and how they have contributed to the development of LLLB,
- A number of things to build into the LLLB work plan for the following year, in terms of reprioritised activity from the previous year, further opportunities that have arisen, and any changes of emphasis.

SECTION FOUR – DELIVERY OVER

2014/15

This section will be specific about the deliverables for 2014-16, will include key performance indicators (KPIs) that will underpin evaluation, milestones that will be tracked, and will outline the tools and methods CWLG will use to deliver the Programme.

This section will feature:

- 2014-16 deliverables, linked to objectives and workstreams,
- Description of the programme management tools to be adopted,
- A programme plan.

DRAFT LLLB VISION STATEMENT

By 2020, the LLLB Programme will have radically transformed Manchester's community based care system. This transformation will support people to live longer, healthier lives by ensuring a wide range of high quality health and social care services are easily accessible within communities, and are centred around the individual and their specific health needs.

IMPROVING HEALTH OUTCOMES - STRATEGIC OBJECTIVE

Contribute to an improvement in key quality of life and life expectancy outcomes in Manchester by driving improvements in the community based care system, ensuring a range of new, innovative place-based services are centred around the individual.

IMPROVING SERVICE STANDARDS - STRATEGIC OBJECTIVE

Ensure that the new community based care system delivers high quality, easily accessible services regardless of where in Manchester an individual lives.

FINANCIAL SUSTAINABILITY - STRATEGIC OBJECTIVE

Deliver a financially sustainable community based care system for Manchester that enables a safe reduction in the overall spend on health & social care services and a rebalancing of resources from in-hospital to community based care.

MAXIMISING INDEPENDENCE - STRATEGIC OBJECTIVE

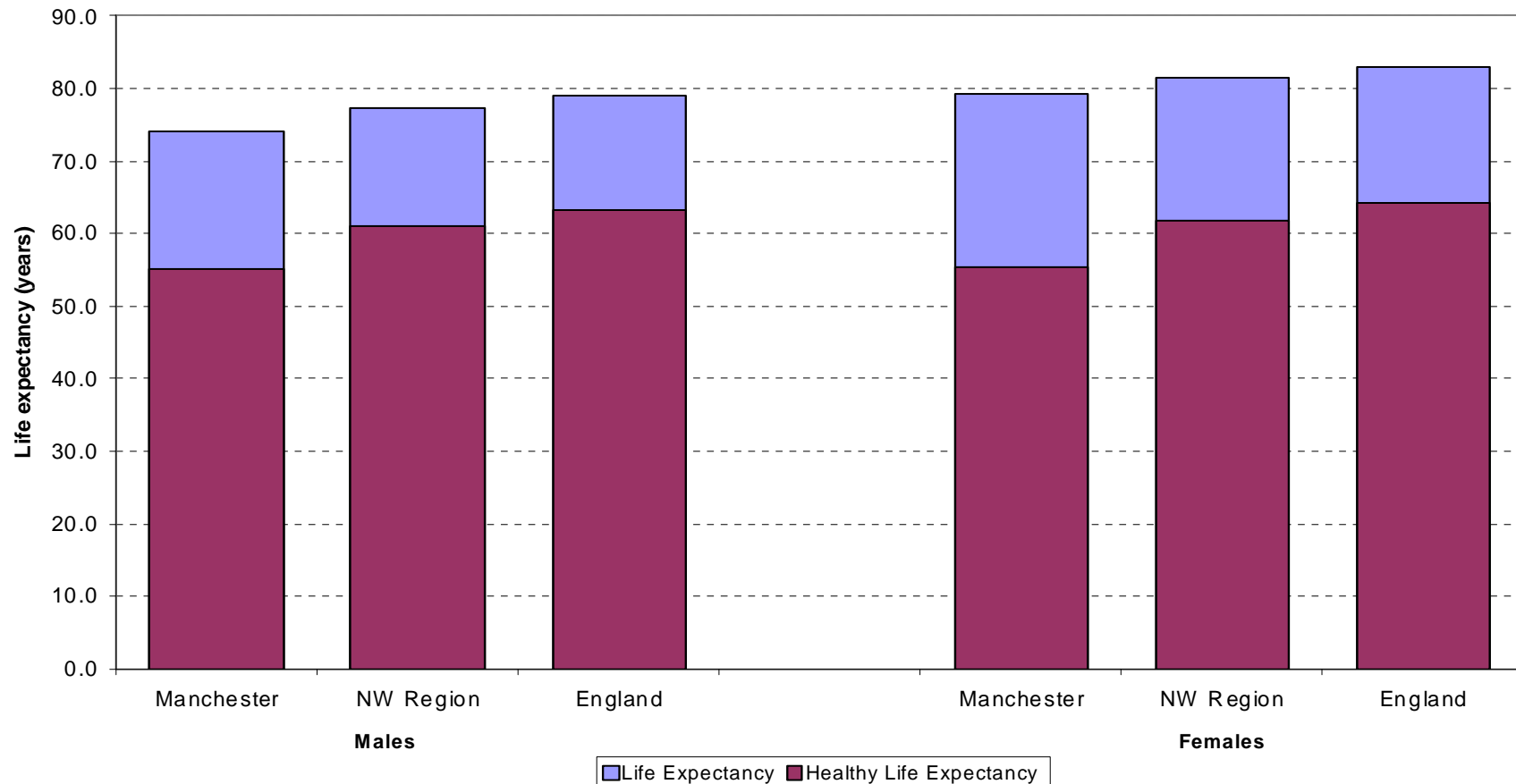
Increase the volume, range and effectiveness of prevention and early intervention services available in the community based care system, including new resident self-care options.

Features of the LLLB Strategic Plan – 2020

- The Strategic Plan will explicitly set the delivery timescale for LLLB at 2020.
- It will introduce, for the first time, an overarching programme vision statement and set of strategic objectives that build on the work done previously on the Integrated Care Blueprint (March 2013), Strategic Outline Case (July 2013) and the Strategic Business Case (November 2013).
- The intention is for the Strategic Plan to supersede the documents mentioned above, in that it should be regarded as the main reference point for the LLLB programme from now onwards.
- Both the vision statement and strategic objectives will root LLLB firmly in the transformation of the community based care system, to achieve defined health, operational, financial outcomes.
- In turn, this will put the LLLB on a better footing when determining the linkages between different programmes working in similar spaces, Healthier Together and the Primary Care Programme, for example.
- The Strategic Plan will also represent the CWLGs intention to manage a more coherent and focused programme of work, using best practice programme leadership tools and techniques. This, in turn, will support enhanced system leadership that will better support engagement and innovation.
- The CWLG will review and refresh this Strategic Plan on a yearly basis, with the updated yearly Plan being presented to the HWBB for approval. This, in effect, agrees the work plan for the CWLG for the year ahead.
- Once completed in July, the Strategic Plan will be consulted upon with delivery partners

Living Longer and Living Better – the challenge

The challenge is to ensure that our population live longer AND live better by improving life expectancy whilst ensuring that the proportion of life lived in good health also increases.



Health and Social Care evaluation workstream

- Set LLLB in wider context of the GM Health and Social Care work and the inter-relationship between LLLB, Healthier Together and Primary Care Strategy,
- Link top down activity targets (i.e. the 20% shift from acute activity) to the development of the care models,
- Develop a macro understanding of how this is impacting on key metrics – activity shifts, proactive and reactive costs and benefits and overall resources,
- Impacts on people and outcomes,
- Understanding the impact on overall demand, including community-based services and primary care.

LLLB & Reform principles: Delivery models

- Partners have agreed to a core Manchester offer with delivery based on 'place' – supported by a joint approach to workforce development, information and intelligence and commissioning, amongst others,
- Joint design of delivery models with all key partners, communities and service users,
- Build on existing models and best practice e.g. Troubled Families,
- Delivery by a wider range of partners, with existing front-line staff acting as 'key workers' - providing specialist interventions, making use of the full range of resources in a place,
- Underpinned by effective local integration arrangements and building these into genuinely multi-agency approaches.

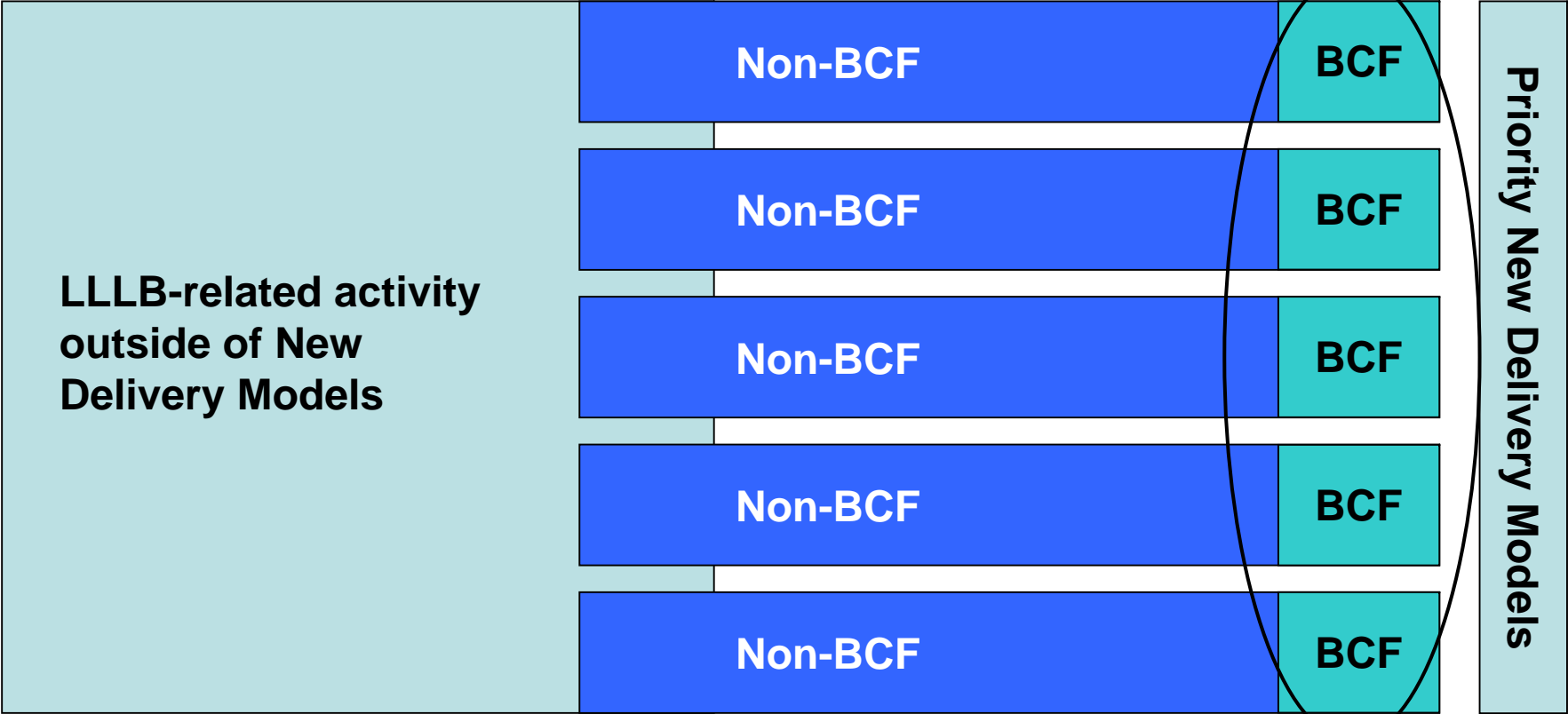
LLLB & Reform principles: Investment models

- A multi-agency investment fund that incentivises agencies to invest in interventions where the return on investment may fall on a range of other organisations,
- Recognises the longer term benefits and helps to overcome the time lag between investment in prevention and return on that investment,
- Enables agencies to pool budgets, i.e. BCF, and make more joined up decisions on where and when to invest,
- Shares the risk and reward of investing in interventions that will reduce dependency,
- Recognises that as demand is taken out of the system cashable savings can be re-invested in order to make a sustainable impact on tackling dependency /demand,
- An investment model that recognises both cashable and resource in kind contributions (staffing resources/services),
- Managed through effective governance and a strong partnership working.

Scope of Living Longer Living Better

The Vision

“By 2020, the LLLB Programme will have radically transformed Manchester’s community based care system. This transformation will support people to live longer, healthier lives by ensuring a wide range of high quality health and social care services are easily accessible within communities and are centred around the individual and their specific health needs”



Agreed target shift in activity

POD	Agreed shift in activity (% reduction on 13/14 baseline)	Volume of activity shift to reach target reduction over 5 years*			
		North CCG	Central CCG	South CCG	Total
A & E	-10%	8,927	11,415	6,655	26,997
Elective**	-8%	1,501	1,243	1,257	4,001
Non-Elective	-20%	4,228	3,546	3,325	11,099
Outpatients ***	-16%	25,481	25,957	27,560	78,998
TOTAL		40,137	42,161	38,797	121,095

* Based on GP registered population irrespective of provider used

** Approximately 78%, day cases, 22% elective

*** Approximately 25% first attendances, 65% follow ups, 10% procedures

Financial modelling of LLLB programme

- Costs to include all of Adults Social Care and Children's Disability spend (excl. SEN) and health spend relating to the target cohorts,
- Benefits equivalent to the high level target reduction in activity agreed with acute trust finance leads, phased over a 5 year period:
 - Assume agreed % reductions are applied equally for each cohort group,
 - Parallel activity reduction targets for social care to be set based on a combination of reductions in care home placements and other high value packages of care,
 - Business cases for the use of the LDF assumed to be helping towards delivering these overall targets.
- CBA likely to show investments making savings of £18m on a £250m identified gap. Remainder to be met through other approaches (e.g. Healthier Together, Primary Care Strategy)

Better Care Fund

- Final BCF Plans submitted early April have been subject to a national assurance process,
- DH identified work required on all local plans around the metrics and finance data and provider engagement,
- Specifically, a need for further information on planned investment and savings and expected impact on acute sector,
- BCF plans are therefore not signed off at a national level and we are currently awaiting more information from NHS England on the deadline for further refinement of plans.

Summary of BCF Business Cases Approved

CCG	No. of business cases approved	Priority LLLB cohort			
		End of Life Care	Frail Older Adults and Adults with Dementia	Adults with Long Term Conditions	Adults with Complex Needs
North	7	-	4	1	2
Central	10	3	3	2	2
South	3	-	1	2	-
Total	20	3	8	5	4

BCF Business Cases: Indicative cost - Citywide summary

Locality	Indicative annual cost (from 1 April 2015)
North Manchester	£3,253,679
Central Manchester	£3,673,000
South Manchester	£3,473,634
Total	£10,400,313

BCF Business Cases: North CCG

Cases approved <i>(Highlighted cases commenced pre 2014/15)</i>	Indicative annual cost (from 1 April 2015)
NMINC implementation and refresh	£1,684,639
Crisis Response Service	£515,000
Homeless Leg ulcer service	£18,000
Community Food and Nutrition Service	£140,250
MPATH	£179,123
Interim intermediate care beds at PAHT	£500,000
Alternatives to Transfer	£216,667
Total	£3,253,679

BCF Business Cases: Central CCG

Cases approved <i>(Highlighted cases commenced pre 2014/15)</i> <i>N.B – all initiatives that make up the ten business cases are listed.</i>	Indicative annual cost (from 1 April 2015)
Homeless Drop In Service (MPATH)	£133,000
Homeless LCS	£50,000
Intermediate Care - EoL	£108,000
Electronic Palliative Care Co-ordinator Systems (EPaCCS)	£72,000
Marie Curie Planned Care Top Up	£27,000
PICT (all)	£479,000
Gorton Medical Emergency Admissions (GP led in-reach)	£37,000

BCF Business Cases: Central CCG (continued)

Cases approved <i>(Highlighted cases commenced pre 2014/15)</i> <i>N.B – all initiatives that make up the ten business cases are listed.</i>	Indicative annual cost (from 1 April 2015)
Continuing Healthcare	£104,000
Community IV	£218,000
Dementia Management Enhanced Service	£39,000
Proactive Elderly Care Team	£311,000
Alternatives to Transfer	£346,000
Care Homes Primary Care Model	£144,000
ICATT Development	£388,000
Homecare	£182,000

BCF Business Cases: Central CCG (continued)

Cases approved <i>(Highlighted cases commenced pre 2014/15)</i> <i>N.B – all initiatives that make up the ten business cases are listed.</i>	Indicative annual cost (from 1 April 2015)
COPD	£366,000
Heart Failure Demonstrator Programme (LVSD)	£235,000
Stroke 6 Month Review	£32,000
Living with Pain Service	£73,000
Responsive Access	£102,000
Additional Availability	£227,000
Total	£3,673,000

BCF Business Cases: South CCG

Cases approved <i>(Highlighted cases commenced pre 2014/15)</i>	Indicative annual cost (from 1 April 2015)
Neighbourhood Teams	£752,840
Enhanced Neighbourhood Teams	£2,073,634
7 Day Working	£647,160
Total	£3,473,634

Beyond BCF - Emerging LLLB Work

- **Development of a citywide End of Life (EoL) framework**

The CCG commissioning forum has prioritised EoL as the first NDM that they want to see scaled up to a city wide framework in 2015/16. CWLG has set up a sub-group to make this happen.

- **AQuA Frailty R&D Prototyping**

The Manchester Health & Social Care economy has been accepted as one of five sites to develop better services to address frailty.

- **Links with Housing**

Manchester's Housing commissioners and providers have expressed an interest in playing a bigger role in the LLLB Programme. CWLG members are keen to explore opportunities and make Housing a more prominent part of LLLB.

- **Strengthening links with Mental Health**

Ensuring that the outputs and outcomes of the Mental Health Improvement Programme are linked to LLLB, and mental health issues are understood and addressed in programme planning and delivery.

Example of evidence of impact to date:

Integrated care teams

Locality	No. of eligible patients (March 2013)*	Number studied	Period studied	Measured reductions in activity		
				A&E	Non-Elective	1 st OP
North	3,080	51	Feb 12 – Feb 14	22%	44%	23%
Central**	2,617	224 (550)	Feb 13 – Mar 14	27%	22%	5%
South***	2,729	532	Jan 13 – Mar 14	20%	18%	8%

* Number of eligible patients based on those at very high/risk of admission (based on CPM scores). This may differ from the eligibility criteria that are currently being used in each locality.

** Number in cohort only includes patients who have signed a consent form and have agreed to their data being used for evaluation purposes. Larger number refers to total number in cohort.

*** Based on patients joining the caseload up the end of February 2014 with activity analysis to the end of March 2014

Other evaluation activities

- North Manchester
 - Hall Aitken commissioned to develop an evaluation framework (based on a Theory of Change model),
 - Draft report produced which draws on evidence collected from observations of NMINC meetings, interviews with some of those involved and a survey with around 30 respondents.
- Central Manchester
 - Evaluation framework including action learning with practitioners, quantitative performance measurement and qualitative analysis of patient experience.
- South Manchester
 - Lancaster University commissioned to carry out a qualitative evaluation of the extent to which the aims and objectives of the Neighbourhood Teams have been achieved,
 - Final report submitted to CCG in June 2014.

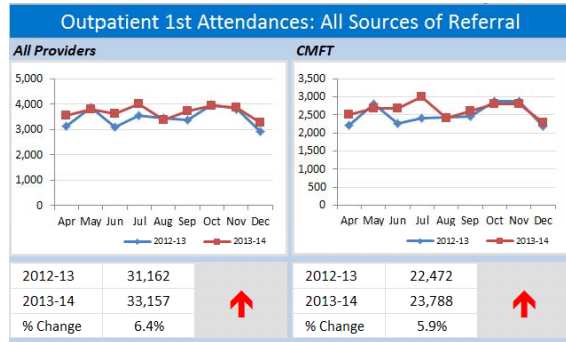
Financial modelling of BCF Business Cases

- Costs to include all planned investment through Local Development Fund (LDF) for 2014/15,
- Benefits modelled on the expected reduction in acute resulting from 2014/15 investment,
- Develop methodology for understanding the impact of BCF business cases on out of hospital services,
- Gap identified between expected benefits and high level target reduction in activity agreed with acute trust finance leads, phased over a 5 year period – equivalent to the circa 20% shift,
- Agree targets for reductions in Social Care reactive spend,
- Identify required activity shift from further investment in 2014/15 and 2015/16.

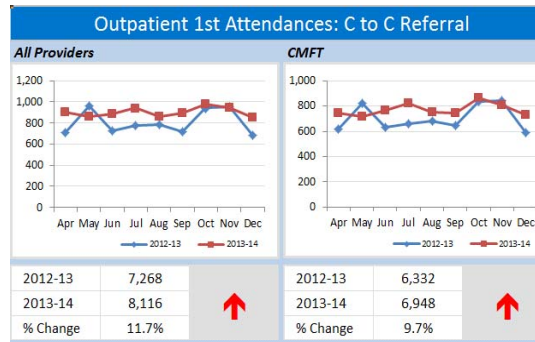
LLLB performance dashboard (draft)

Proposed LLLB Performance Dashboard (draft)

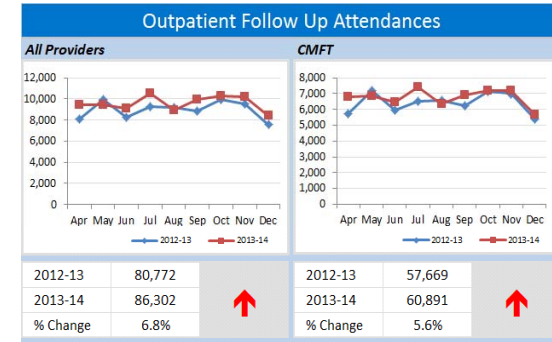
Metrics included in this dashboard will updated monthly, according to data publication schedules



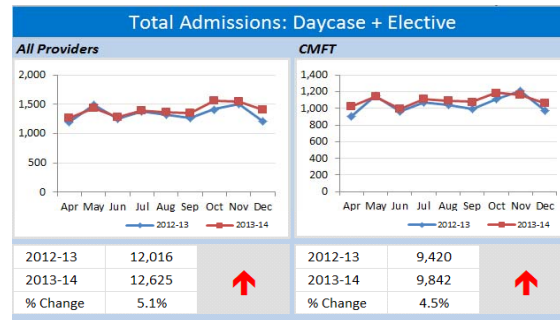
Source: SUS



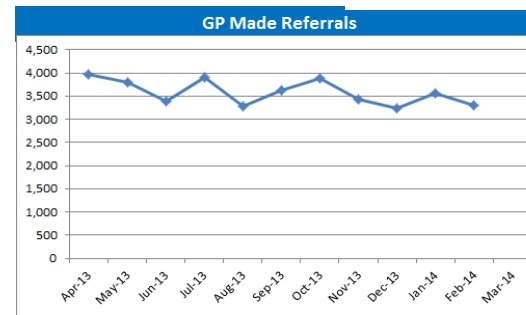
Source: SUS



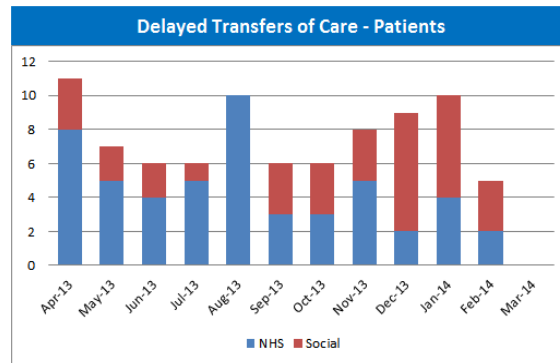
Source: SUS



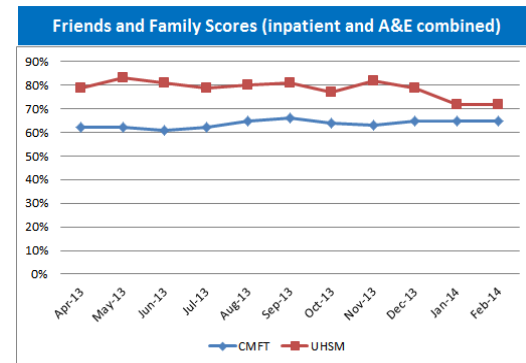
Source: MAR



Source: MAR



Source: NHSEngland



Source: NHSEngland

Evaluation next steps (1)

- Agree timetable for performance monitoring and reporting of progress of approved BCF business cases to HWBB via Integrated Care Boards,
- Review and revise process for phase 2 of BCF business case process to ensure greater clarity around evaluation and CBA requirements,
- Retrospectively review existing business cases in line with revised process,
- Update financial model underpinning LLLB,
- Reframe high level KPIs around strategic objectives in LLLB strategic plan and agree with local systems,

Evaluation next steps (2)

- Align eligibility and risk stratification and develop single assessment to assist with the ongoing collation of such management information,
- Work closely with GM PSR team to share learning on macro evaluation.