




My life a full life®

Health and Wellbeing Board Update 22 March 2017



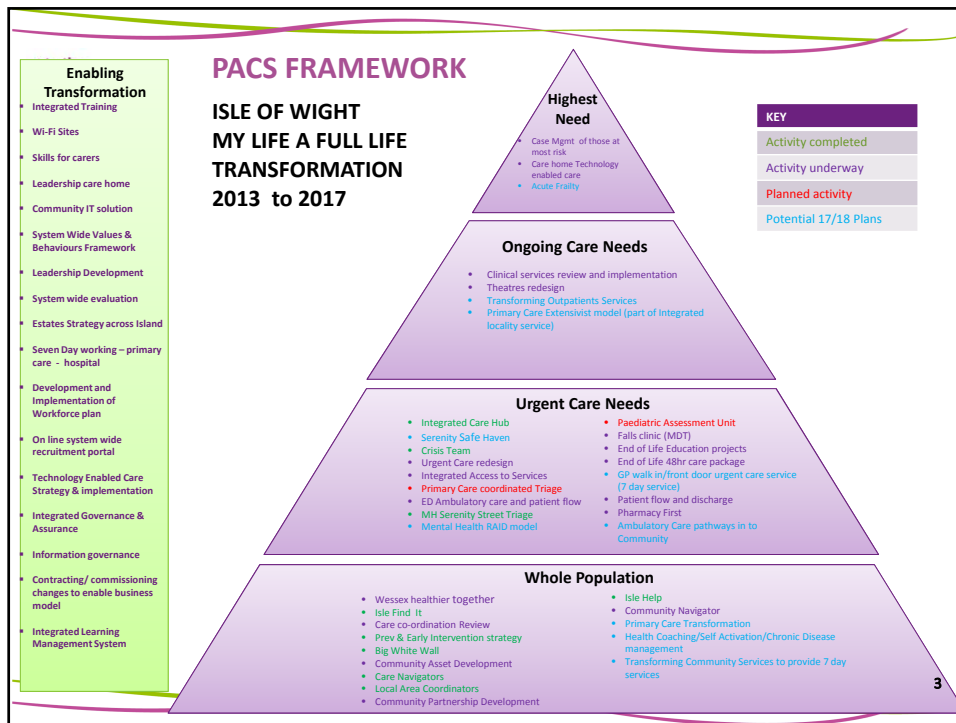
Introduction

- We are now able to demonstrate some key and positive results in the form of better outcomes for those we serve
- We are at the stage where we recognise the need to consolidate the learning and to ensure we are spreading it across the whole system
- The system continues to be under significant pressure which has galvanised the commitment to the My Life a Full Life Model of Care.

My Life a Full Life Model of Care

- MLAFL is a model of care that has been developed by the Island for the Island.
- Alongside the model of care is a system-wide transformation programme

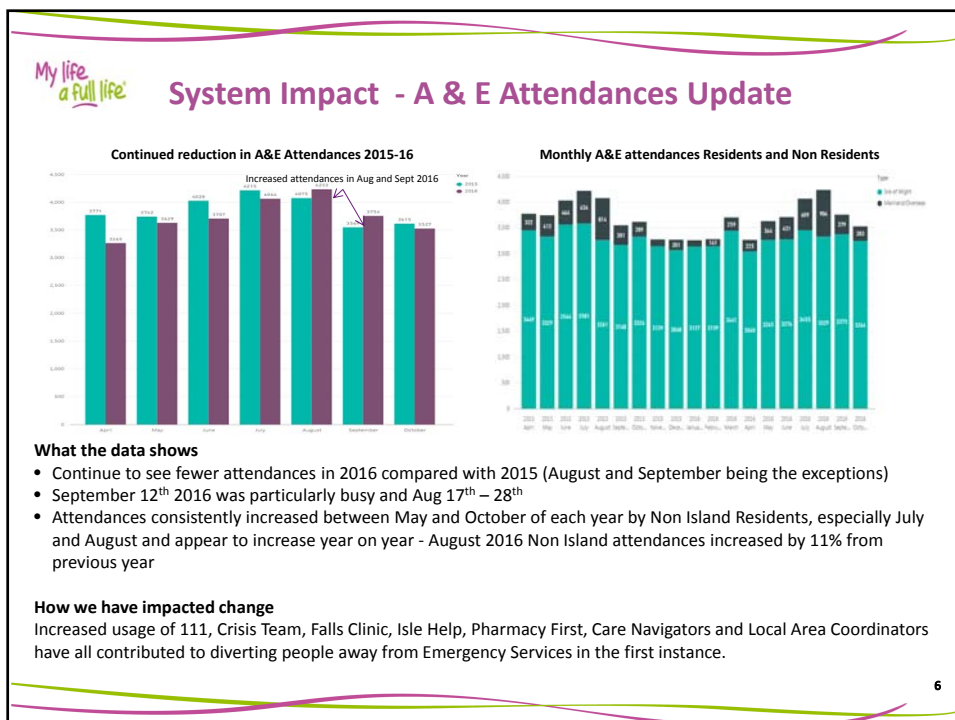
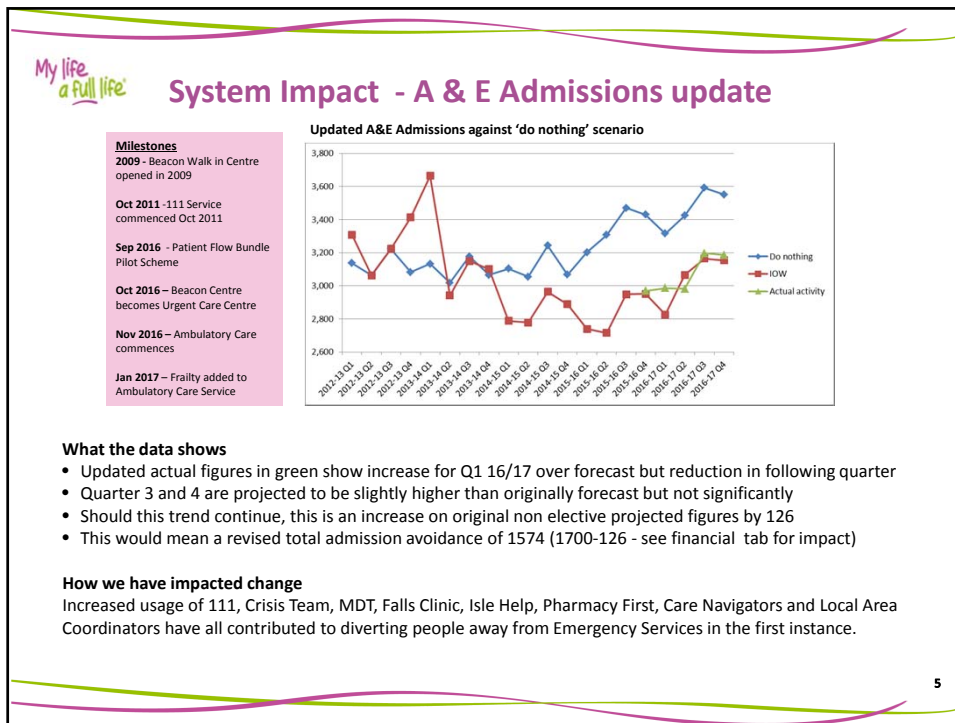
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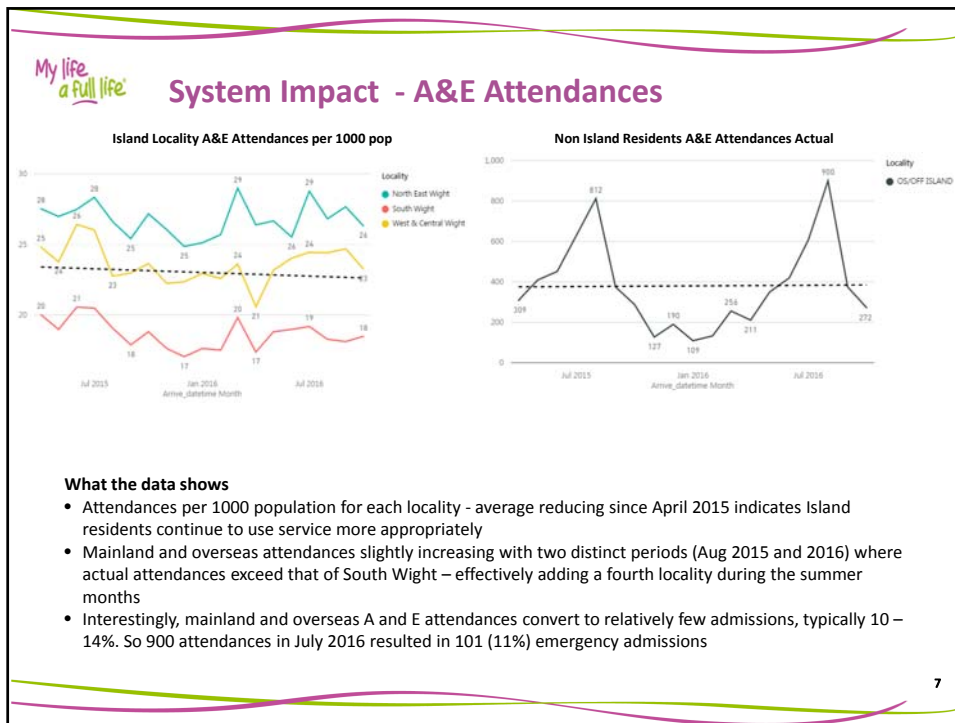


Progress in Quarter 3

- **Driven forward integration of locality teams** – including ILS Operational Lead in place, development of the operational model, conducted several ILS workshops (attended by front line staff, service and operational managers, GP's, voluntary sector and strategic leaders representing the health and social care system), joint assessment and case review, shared base for some of staff in Ryde Health and Wellbeing Centre (North East locality in first instance), and implementation plan in place for roll out in other 2 localities.
- **Town and Parish council engagement** – All 3 localities have a town and parish council lead who are working to engage with all town and parish councils and support joint working across the Island, improved communication and promotion of well being.
- **Case Management of highest risk** - Implemented case management of highest risk in 13 out of 16 practices (including practices within each locality) using risk profiling tool to identify most at risk patients and proactive care planning.
- **Care Navigation** – Project continues and evaluation taken place. Agreement to mainstream the funding for Care Navigators through Joint Commissioning Board.
- **Local Area Coordinators** - Recruitment of 3 x additional Local Area Coordinators in Q3 (starting 09/01/17) bringing full coverage to 75% of the island.
- **End of Life training programmes** – Delivered across partner organisations including care agency staff, care homes and community/GP teams.
- **Primary Care** – implementation of a number of projects in primary care across the Island to provide practical help to explore new ways of working in General Practice.
- **Ambulatory Care** - Ambulatory Care model begun to be implemented in A&E in November. Average of 8 people per day seen and initial feedback shows only 11% of people seen were admitted to hospital (compared to 22% for all A&E attendances).
- **Confirmation of funding available in 17/18 received** – Conditions to funding identified and summarised further in finance paper.

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Financial Summary Update - Cost Avoidance

Original Financial Impact Plan	Q1	Q2	Q3	Q4	Total
	£000's	£000's	£000's	£000's	£000's
Demand Management	-	-	-	450	450
Operational Efficiency	-	-	-	225	225
Total	-	-	-	675	675

Description	Financial Impact - current period		Estimated FYE Financial Impact	
	Period	CCG £000's	Period	CCG £000's
A&E Admissions	Apr-Dec 2016	1,159	Forecast 16/17	1,636
A&E Attendances - change in HRG profile and reduction in demand	Apr-Oct 2016	56	Forecast 16/17	82
Ambulance - change in call outcomes	Apr-Sep 2016	85	Forecast 16/17	169
		1,299		1,887

The table above gives a financial summary of projected cost avoidance for Accident & Emergency Attendances and Admissions and Ambulance activity. Activity data at Q3 now indicates an overall cost avoidance of £1.9M by financial year end.



Evaluation

A System wide dashboard of high level metrics has been developed and being reviewed as part of planning and monitoring process. The below is an extract of the dashboard.



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Challenges

The below summarises the challenges faced in last Quarter - mitigating actions have been identified and are being implemented.

- ❑ System wide governance - operational coherence between transformation and business as usual, and lack of whole system reporting and duplication.
- ❑ Delivering safe and sustainable services to the IW population – NHS England and NHS Improvement have directed the Island to accelerate the work of the STP Acute Alliance to develop a clear blueprint services
- ❑ Lack of project management and operational capacity to lead required change.
- ❑ Funding – initial delays on receipt of funding and subsequent re-allocation of funding out in to the Island system has delayed some transformation activity. Ongoing sustainability of transformation is impacted by risk of reduced funding in 17/18.
- ❑ Lack of access to capital funding (Estates & IT) and impact on overall programme
- ❑ Information Governance and system wide data sharing issues.

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Future Health and Well Being Updates

To ensure continued sight of impact of the System wide transformational changes underway Chair and My Life a Full Life Programme Director suggest future meetings include :-

- A general update on progress, impact and challenges
- A focused update on a particular initiative or area of transformation, including presentation from staff and service users where appropriate. Initiatives which could be covered at future meetings to be agreed by the Board – for example
 - Care Navigation
 - Local Area Co-ordination