Working At Scale: Evolving Lessons from an End-of-Life Care Service

This blog by Phil Messere, Funding Manager at The National Lottery Community Fund (The Fund), was written with input from colleagues on the Commissioning Better Outcomes (CBO) programme team and sets out the position of this end-of-life care project three years into delivery as of October 2021.

In June 22, the CBO programme evaluation published a review of the four-year North-West London Telemedicine Project (NWLTP). With a £780K award and seven Clinical Commissioning Groups (CCGs) involved, this Social Impact Bond (SIB) is the largest of six CBO-backed End-of-Life Care (EOLC) projects, also supported by Social Finance.

NWLTP was established to improve outcomes for people living in older people's homes, who had more unplanned hospital admissions than people living in their own home. The service aimed to remove pressure from hospitals by investing in community-based support, measured against key performance indicators. Service interventions were also designed to address inequality of provision, where care home residents have more unplanned admissions than those living at home.

Supporting People: NWLTP provision to staff in 109 care homes had supported 4500 residents. Case studies illustrate NWLTP helping to co-ordinate provision, including GP support (for a urinary-tract infection); liaising with local rapid response (to re-insert a catheter); collecting (to speed help after an unwitnessed fall); and supporting staff resolve patient (abdominal) pain.

Commissioner experience: The interventions freed-up NHS commissioner resources by reducing unplanned admissions. Furthermore, delivery risk transferred to social investors as the service established itself, mobilised and delivered. This is very different to other transformation projects that must demonstrate impact and value from day one. Notwithstanding this, service outcomes delivered generated commissioner savings equivalent to a value of £12.1m, three times those planned for the whole four-year project.

An Adaptable Project: By 2020 NWLTP had robust data on service use and outcomes. This had helped kick-start improvement work such as a pilot fast-tracking calls to 111 with a Co-ordinate my Care record to Telemedicine and a focus on recording what happened after calls (to highlight areas for improvement). The service was included in the frontline response to Covid. As the system emerged from the initial waves, a review of care home provision was undertaken. This showed unwarranted variation in planned care for people living in care homes. Subsequently, investment was re-purposed in the service to improve in-hours care by primary care. Thus, the SIB's flexibility meant investment into achieving outcomes was protected, even as the service model changed.

A Voluntary Community and Social Enterprise Organisation focus: London Central and West Unscheduled Care Collaborative, a social enterprise, delivered the service, working with West London NHS Trust. St Johns' Hospice, a charity, provided staff training. £1.4m funded delivery 2018-21, meaning 5/6 of total funding went to service providers.

New Money for service delivery: In SIBs, providers are paid up-front by investors, which transfers financial risk to the investors. Over £743K capital was drawn down from the Care and Wellbeing Fund, which was funded by Big Society Capital and Macmillan Cancer Support. £1.7m payments, paid as outcomes, were achieved by service users from 2019 onwards. These included £310K from CBO and sustained service provision after the capital was fully employed, pending capital repayment (due in late 2022).
Lessons Learned: The SIB took longer to develop than most CBO SIBs. This may have given it a stronger base for early impact. The project learnt from wider EoLC modelling (2014-2017). The complex aligning of data, timelines, and governance for NWLTP's CCGs may also have contributed to a year's delay in project start (2017-2018). Further Lessons were learned post-launch. These are also key to CBO's aim of informing future outcomes-based models, and include:

- **Balanced flexible support:** SIB flexibility underpinned change, particularly given the changing Health environment and complexities inherent to multiple commissioner contracts in any funding model.
- **Working with multiple commissioners brings opportunities for partnership organisations to work across boundaries, but does require strong oversight:** this latter was provided by the Sustainability and Transformation Partnership for NW London, working with the coordinating commissioner, Hammersmith and Fulham CCG. Decision-making remained slow, however, given signoffs needed from seven CCGs.
- **Simple Payments arrangements and Leadership supported stakeholder SIB awareness:** SIB outcomes-focussed, adaptive service delivery was a different way of working for providers and CCGs. Separate governance helped offset the risk inherent in working differently, as did **g**etting the right clinical leadership. Furthermore, reporting against one outcome, using available data, but building on existing datasets, helped the project start to catch-up, despite Covid.

In 2023-24 the CBO programme evaluation should ascertain whether and how project impact was enhanced despite Covid; how effectively the SIB precluded project derailment during the pandemic; and whether the final results of this SIB, scaled to work across North West London, show that it caught-up fully with or even overtook its contracted ambitions at the start of the project. We look forward to those findings with interest.