



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

The Commissioning Better Outcomes (CBO) programme evaluation has published a review of the [North-West London Telemedicine Project](#) (NWLTP), the largest of six CBO-backed End-of-Life Care (EOLC) Social Impact Bond (SIB) projects, supported by Social Finance. NWLTP aims to improve outcomes for people living in older people's homes, who have more unplanned hospital admissions than people living in their own home; to remove pressure from hospitals by investing in community-based support; and to address inequality of provision (care home residents have more unplanned admissions).

Supporting People: NWLTP provision to staff in 109 care homes in 7 Clinical Commissioner Groups (CCGs) across North West London had supported 4500 care home residents, in wide-ranging ways, linking closely to the ambitions set out above.

Commissioner experience: Delivery of the interventions freed-up NHS commissioner resources by reducing unplanned admissions. It generated £12.1m savings, three times those planned for the whole four-year project.

An Adaptable Project: Robust data helped kick-start improvement work pre-Covid. It supported frontline Covid responses. A subsequent review then showed unwarranted variation in planned care for people living in care homes. In response investment was re-purposed to improve in-hours care by primary care. So, SIB flexibility meant investment in achieving outcomes was protected, despite service changes.

A Voluntary Community and Social Enterprise Organisation focus: [London Central and West Unscheduled Care Collaborative](#), a social enterprise, delivered the service, worked with [West London NHS Trust](#). [St Johns' Hospice](#), a charity, provided staff training. £1.4m funded intervention delivery.

New Money for service delivery: In SIBs providers are paid up-front by investors to transfer financial risk from them to the investors. Over £743K capital was drawn down from the Care and Wellbeing Fund (funded by [Big Society Capital](#) and [Macmillan Cancer Support](#)). £1.7m paid by the CCGs and CBO since 2019 is enough to repay the capital (due in late 2022) and has, meantime, sustained service provision, even though it is only just over half the planned maximum outcomes payments due by 2021.

Lessons Learned include:

- the need for flexibility to respond to a changing context in a multi-commissioner partnership,
- multiple commissioners in partnership organisations needing strong oversight (led by [the Sustainability and Transformation Partnership for NW London](#)) to support cross-boundary work,
- Simple payment structures and clinical leadership support stakeholder engagement levels.

In 2023-24 the CBO 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 SIB results show that it caught-up fully with its original ambitions. We look forward to those findings with interest.