

Blackpool

Service description - staffing	Cost 2014/15	NHS England Description	Benefit to the health economy	Performance measures
Care and Repair	£138,635	Community equipment and adoptions	<ul style="list-style-type: none"> • Greater numbers of users and carers remaining independent in the community with equipment thus reducing or preventing hospital admissions and admission into residential care • Increase the life expectancy of service users • Single procurement of equipment resulting in increased efficiencies and cost- effectiveness across health and social care budgets • Tracking and traceability of equipment. This will include responsibility for ensuring maintenance is in place for all medium and high risk equipment and detailed up to date records are available to commissioners and the Health and Safety Executive as required. • Financial and activity management information at regular intervals • Good levels of communication and joint working between professional groups. • Appropriate and cost effective maintenance contracts for rented equipment • Monitoring the budget within agreed joint health and social care commissioning budgets 	<p>KPI's are collected monthly and contract reviews occur quarterly together with two anonymous case studies which describe how the service has met the agreed outcomes of the service:</p> <p>The Activity Performance Indicators can be seen below:</p> <ul style="list-style-type: none"> - Delivery of Equipment within 7 days - Number of items supplied > £1,000 and the referrer of these - Number and costs of children's items supplied - Number of items collected with value of these - Numbers of delayed deliveries - Waiting time for specials or bespoke equipment - Number and cost of adult items supplied - Numbers of equipment fitted - Number of orders placed by referring organisation - Number of items requiring maintenance
Vitaline	£429,883	Telecare	<ul style="list-style-type: none"> • An increase in the number of older people and other vulnerable adults supported to remain safely in their own homes • To contribute to preventing or delaying admission into residential care or nursing care • To contribute to facilitating safe and timely discharge from hospital • To contribute to preventing admission or re-admission to hospital • To assist with the management of long term conditions • To reduce the costs of health and social care provision • To provide support to enable carers to continue to care • Improved health and well-being 	<p>KPI's are collected monthly and contract reviews occur quarterly together with two anonymous case studies which describe how the service has met the agreed outcomes of the service:</p> <p>The Activity Performance Indicators can be seen below:</p> <ul style="list-style-type: none"> • Total number of units being provided at the beginning of the period • Number of units installed during in the period : Silver, Gold, Platinum, Diamond • Number of units removed during the period • Total number of units being provided at the end of the period • Number of routine installations not undertaken within 48 hour and the reasons why: Silver, Gold, Platinum • Number of routine Diamond installations not undertaken within 72 hours • Number of emergency installations (Silver, Gold, Platinum) not undertaken within 6 hours • Number of emergency installations (Enhanced) not undertaken within 24 hours
Homecare Rapid Response	£100,000	Integrated crisis and rapid response services	<ul style="list-style-type: none"> • To support and care for adults in their own homes in an acute phase of illness and who without additional intensive support would normally be admitted to hospital or residential home. • To reduce inequalities in patient provision. • To reduce hospital admissions and facilitate early discharge from Secondary Care • To facilitate greater patient choice [on a risk assessed basis] • To provide a cost effective alternative to an inpatient episode • To provide timely and specifically targeted intensive Care Packages that are regularly reviewed • To develop partnerships and integrated working with both Social Services and third sector providers as outlined in "our health, our care, our say" 	<p>KPI's are collected monthly and contract reviews occur quarterly together with two anonymous case studies which describe how the service has met the agreed outcomes of the service:</p> <p>The Activity Performance Indicators can be seen below:</p> <ul style="list-style-type: none"> - No of hours of Domiciliary Care, day and night, provided per client and overall for the period -No of clients admitted to hospital during the 14 day/72hr domiciliary care hour provision -Cost per client for domiciliary care support and total cost per quarter -No of clients supported for 72hr and discharged without an increase to their package of care. - No of referrals by referral source to social worker for full assessment. -No of people allocated social care packages split by new package, or enhanced package. -Cost of/additional cost of social care package per client and total per quarter.

Primary Night Care	£461,114	Integrated crisis and rapid response services	<ul style="list-style-type: none"> • To contribute to preventing hospital admission • People are able to remain living in their own homes • People retain dignity and control when requiring support in their own home • Carers are supported • Reduction in delayed discharges, once a person is medically fit for discharge 	<p>The following Key performance information is provided by the Service Provider on a quarterly basis together with two anonymous case studies which describe how the service has met the agreed outcomes of the service:</p> <ul style="list-style-type: none"> • Total number of hours provided • % clients living in their own home • Reason for packages ending • Number of clients who have used the unplanned service more than 3 times • Number of planned / unplanned referrals • Source of referral • Total hours of provision
Social Care - Mental Health Team	£965,049	Maintaining eligibility criteria	<p>Contribution to the reduction of hospital readmissions. Enhances the Intermediate Care pathways established through joint working arrangements with health and social care.</p>	<p>Regular supervision of social care practise by Care Management. Health and Wellbeing Performance framework measures i) delayed transfers of care and ii) Delayed transfers of care attributable to social care. Both indicators are currently showing improved performance. iii) Proportion of adults in contact with secondary mental health in paid employment.</p>
Social Care - Other Teams	£100,000	Maintaining eligibility criteria		
Homecare - Reablement	£584,041	Re-ablement services	<ul style="list-style-type: none"> • To support independent living by minimising the dependence people have on care support services. • To support and encourage reintegration into community life • To support timely and early discharge from acute care. • To contribute to preventing admission or re-admission into hospital via the provision of reablement support • Improved health and well-being and quality of life • Increase the life expectancy of service users 	<p>The following Key performance information is provided by the Service Provider on a quarterly basis prior to each quarterly contract review together with two anonymous case studies which describe how the service has met the agreed outcomes of the service:</p> <ul style="list-style-type: none"> • Number of referrals received in the period • Number of referrals accepted in the period • Percentage of accepted referrals where the service commenced within 72 hours • Number of people who successfully completed an episode of reablement in the period • Number of people who ceased receiving a service prior to completing an episode of re-ablement period • Total number of hours per week reduced from care packages as a result of reablement support • Annualise saving (hours per week x contracted care rate of £11.35ph x 52 weeks)
ARC	£500,000	Bed-based intermediate care services	<ul style="list-style-type: none"> • To contribute to facilitating early discharge from hospital, the prevention of a hospital admission or inappropriate long term residential care • To maximise independence, enabling service users to resume living at home • To contribute to a reduction in avoidable hospital admissions • Improved quality of life for service users • Increased choice and control for service users • Service users develop new skills in order to maintain self-sufficiency • Service users are fully informed in the definition and assessment of their needs and actively involved them in the development of their multi-disciplinary care plan 	<p>The following Key performance information is provided by the Service Provider on a quarterly basis prior to each quarterly contract review together with two anonymous case studies which describe how the service has met the agreed outcomes of the service:</p> <ul style="list-style-type: none"> • Number of beds utilised for intermediate care during the month • Number of bed nights utilised for recuperation per month • Number of service users with a personalised structured care plan within 7 days of admission to the service • Number of service users participating in falls prevention activities – education and chair-based exercise • Number of service users who receive a period of re-ablement of more than 6 weeks • The number of service users where follow-up contact has taken place within 4 weeks • Number of inappropriate referrals including reasons why inappropriate • Number of referrals to the service

Hospital Discharge Team	£300,000	Early supported hospital discharge schemes	To facilitate safe and early discharge of patients, To minimise delays in discharges Support patients to access appropriate care and ensure safe discharge	Health and Well Being Performance Framework measure: Delayed Transfers of Care and Proportion of patients (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services
Phoenix Centre	£398,166	Mental health services	<ul style="list-style-type: none"> To prevent admission or re-admission into hospital To support social integration within local communities To assist with the management of long term mental health conditions To support reintegration into community life To prevent admission or re-admission into hospital To reduce the costs of health and social care provision To provide support to carers and enable carers to continue to care Improved health and well-being and quality of life Effective working with and signposting to health, social care and other agencies 	The following Key performance information is provided by the Service Provider on a quarterly basis prior to each quarterly contract review together with two anonymous case studies which describe how the service has met the agreed outcomes of the service: - Number of referrals - Bed occupancy levels
Richmond Fellowship	£100,000	Mental health services	<ul style="list-style-type: none"> To enable people to have valued and satisfying lives To support people to access existing opportunities in their local community rather than creating segregated activities To provide people with opportunities to extend their social networks and form relationships To offer opportunities for people to support each other Users are supported in accessing resources, which support them in maintaining physical and mental health. To provide support to carers, enabling carers to continue to care To support individuals who wish to develop skills and confidence to engage in employment 	KPI's are completed quarterly and contract reviews are undertaken 6-monthly across all levels of the service <ul style="list-style-type: none"> Number of referrals, with reasons Number of discharges, with reasons Service input i.e. what has been provided Number of group sessions and activities provided Movement between levels of service Number supported in training, employment, education Number supported into other community activities
Volunteers Service	£50,000	Other preventative services	<ul style="list-style-type: none"> To help the carers to continue to care and so enable them to delay or avoid the person they care for having to go into respite care or hospital. Provide vital social contact for the carers and the person they look after to reduce isolation. Promote inclusion in the Community and reduce social exclusion for carers, service users and those who wish to volunteer. <ul style="list-style-type: none"> Provide volunteers with the opportunities to gain new skills, make friends and gain confidence. Provide volunteers with opportunities to access employment through confidence building/new skills acquisition. Reduce the increasing demands on health services by providing a preventative service which enables people to live independently and healthier for longer in the community. 	Information is provided quarterly on: Volunteers and training of volunteers, number of service users supported through Out and About and Sitting Service, other volunteer activity, number of Carers receiving a break, outcomes for carers and the cared for person. Case studies are provided quarterly.
Advice & Information	£15,000	Other preventative services	To provide effective and efficient advice and information to elderly people in Blackpool. To support the health and wellbeing of Blackpool residents through the delivery of a comprehensive information and representation service to older people and their carers/relatives.	Number of enquiries (personal), Number of enquiries (phone) demographics of service users, analysis of the type and resolution of enquiries, number of sessions provided, staffing information, Outcome case studies.

Total	£4,141,888
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NHS England Description	Subj. Code	Value
Community equipment and adaptions	52131015	£138,635
Telecare	52131016	£429,883
Integrated crisis and rapid response services	52131017	£561,114
Maintaining eligibility criteria	52131018	£1,065,049
Re-ablement services	52131019	£584,041
Bed-based intermediate care services	52131020	£500,000
Early supported hospital discharge schemes	52131021	£300,000
Mental health services	52131022	£498,166
Other preventative services	52131023	£65,000
Other social care (please specify)	52131024	£0
Other Intermediate Care (please specify)	52131025	£0
Housing Projects	52131026	£0
Employment Support	52131027	£0
Learning Disabilities Services	52131028	£0
Dementia Services	52131029	£0
Support to Primary Care	52131030	£0
Integrated Assessments	52131031	£0
Integrated Records Or IT	52131032	£0
Joint Health And Care Teams/Working	52131033	£0
		£4,141,888