



The Lancaster Model

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# Achieving Better Outcomes For Children



The Lancaster Model

# Aims of Presentation

- Policy Drivers
- The Commissioning Process
- A Solution



# UK Policy Drivers

- The Healthy Child Programme 5-19 Years (2009)  
*“One team around the child, doing what they ought to do”*
- Achieving Better Outcomes (2009)  
*“Improve outcomes in the most efficient, effective, equitable & sustainable way”*
- Equity & Excellence: Liberating The NHS (2010)  
*“A preventable health service that offers equity, efficiency, effectiveness and excellence”*
- Commissioning for Sustainable Development (2010)  
*“A process that saves money, saves resources & benefits staff & patients”*

***Need to identify the drivers that compliment this model***



# UK Commissioning Process



# Background

- Visionary Manager
- Disillusioned School Health Team
- Recruitment & Retention Problems
- Lack of Evidence to Direct practice



# Aims of the Project

- To enable the delivery of evidence based, appropriately delivered interventions that meet the needs of children, young people and families
- Ensure the Delivery of The Healthy Child Programme (2009)



# Objectives of Project

- Gather Evidence of Need
- Utilise The Skills & Competencies of Workforce
- Redirect Resources Appropriately
- Identify Gaps in Workforce Training & Knowledge
- Implement a New Structure Reflecting Policy



# The Scoping Exercise

- Inequalities Gap in Service provision
- Reactive & Unplanned Interventions
- Minimal Preventative Public Health Work
- No Structured Assessment of Need
- Caseload Allocation Based on Numbers
- Team Roles & Responsibilities Blurred
- Inappropriate Use of Skills & Competencies
- SCPHN`s Not Utilising their Training
- 67% Band 6 staff non Specialist



# Objective 1: Gather Evidence of Need

School Entry	Pilot Site 1	Pilot Site 2	Overall
<b>Activity</b>	<i>21 Schools 494 Pupils</i>	<i>20 Schools 687Pupils</i>	<i>41 Schools 1181 Pupils</i>
Health Interview	<b>10</b>	<b>14</b>	<b>24</b>
CAF	<b>0</b>	<b>5</b>	<b>5</b>
CAMHS Tier 2 (1:1, Referral)	<b>38</b>	<b>7</b>	<b>45</b>
CAMHS Tier 1 (Borderline, Public Health)	<b>62</b>	<b>57</b>	<b>119</b>
Follow Up	<b>56</b>	<b>153</b>	<b>209</b>
Information	<b>78</b>	<b>168</b>	<b>246</b>
<b><u>TOTAL:</u></b>	<b><u>244</u></b>	<b><u>404</u></b>	<b><u>648</u></b>

# Objective 2: Utilise Skills & Competencies

- Introduced Corporate Working
- Clarified Roles & Responsibilities
- Clear Practice Boundaries
- Utilised Expertise & Strengths
- Identified Limitations & Competency Levels
- Introduced lead Roles for Non Specialist Nurses
- Reallocated Caseloads Based on Capability
- Increased Leadership & Delegation



# Objective 3: Redirect Resources

Activity	PRIMARY SCHOOL		Productivity
	Overall		
Health Interview	<i>Previous</i> <b>2</b>	<i>Present</i> <b>58</b>	↑ Increase <b>56 Interventions</b>
CAF	<i>Previous</i> <b>24</b>	<i>Present</i> <b>35</b>	↑ Increase <b>11 Interventions</b>
Emotional Health	<i>Previous</i> <b>16</b>	<i>Present</i> <b>358</b>	↑ Increase <b>342 Interventions</b>
Follow Up	<i>Previous</i> <b>112</b>	<i>Present</i> <b>457</b>	↑ Increase <b>345 Interventions</b>
Information	<i>Previous</i> <b>15</b>	<i>Present</i> <b>492</b>	↑ Increase <b>477 Interventions</b>
	<i>Previous</i> <b><u>169</u></b>	<i>Present</i> <b><u>1400</u></b>	

**Overall ↑ Increase in Productivity = 1231 Interventions  
(728.4%)**

# Objective 3: Redirect Resources

Activity	SECONDARY SCHOOL		Productivity
	Overall		
Health Interview	<i>Previous</i> <b>0</b>	<i>Present</i> <b>29</b>	↑ Increase <b>29 Interventions</b>
CAF	<i>Previous</i> <b>0</b>	<i>Present</i> <b>12</b>	↑ Increase <b>12 Interventions</b>
Emotional Health	<i>Previous</i> <b>15</b>	<i>Present</i> <b>66</b>	↑ Increase <b>51 Interventions</b>
Follow Up	<i>Previous</i> <b>0</b>	<i>Present</i> <b>184</b>	↑ Increase <b>184 Interventions</b>
Information	<i>Previous</i> <b>0</b>	<i>Present</i> <b>45</b>	↑ Increase <b>54 Interventions</b>
	<i>Previous</i> <b><u>15</u></b>	<i>Present</i> <b><u>336</u></b>	

**Overall ↑ Increase in Productivity = 321 Interventions  
(2,140%)**

# Objective 3: Redirect Resources

Practice Themes	PUBLIC HEALTH PRACTICE Overall		Productivity
	Previous	Present	
Emotional Health	4	28	↑ Increase 24 Sessions
Lifestyle Choices	0	48	↑ Increase 48 Sessions
Lifestyle Behaviour	0	4	↑ Increase 4 Interventions
PSHE	5	7	↑ Increase 2 Interventions
	<u>9</u>	<u>87</u>	

**Overall ↑ Increase in Productivity = 78 Sessions (866.6%)**

20% of Pilot Schools

# Objective 4: Workforce Gaps

- Borderline Mental Health – 263 Interventions  
(Coping Strategies, Anger Management, Feelings & Emotions, Peer Relationships & Self Esteem)
- Pathways of Care
- Multi Agency Strategy
- Specialist knowledge (Health Needs Assessment, Data analysis & Change Management)



# Objective 5: Reflecting Policy

- The Healthy Child Programme 5-19 Years (2009)  
*“One team around the child, doing what they ought to do”*
- Achieving Better Outcomes (2009)  
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# Summary

## Outputs

- Robust Health Needs Assessment
- Utilised Existing Teams
- Redirected Resources
- Improved Productivity

## Outcomes

- Increased Leadership
- Increased Proactive public Health Practice
- Delivered The Healthy Child Programme
- Improved Staff Morale & Effectiveness



# “The Lancaster Model”

## *A Health Needs Assessment Model*

- Questionnaires/Staged Contacts
- Health Development Reviews (Rec, Yrs 6 & 9)
- Alerts of Individual Need/Public Health Data

## *Skills Analysis*

- Training, Qualifications, Expertise, Interests
- Redesigned Roles & Responsibilities
- Corporate Team Working Approach



# Conclusions

- Delivering Universal & Progressive Services
- Raised Partnership Working
- Significant Increase in Productivity
- Substantial Increase in Preventative Work
- SCPHN`s Utilising Their Learning
- Happier, Efficient, Effective Workforce
- A Sustainable Commissioning Process



# Contact Details

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