Draft Ealing Integration Transformation Fund Proposal August 2013

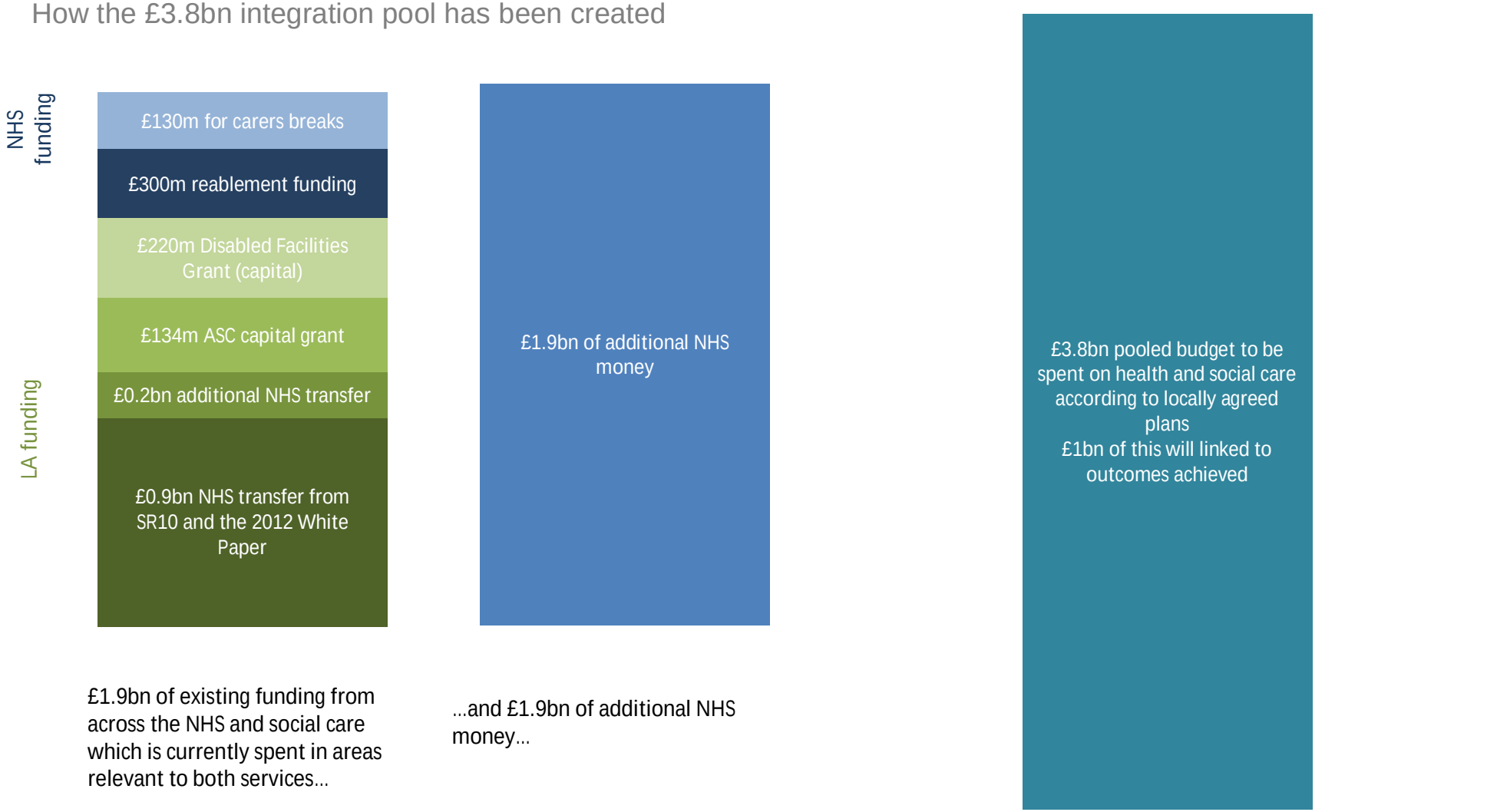
NHS
Ealing
Clinical Commissioning Group

Ealing
www.ealing.gov.uk

1. Introduction

In June the Chancellor announced a £3.8 billion pool of new funding to help enable older people and people living with long term health conditions to stay healthy and independent at home as part of the spending round for 2015/16. This funding is intended to strengthen incentives for local authorities and the NHS to work together to deliver integrated services, ensure the right outcomes and provide better services for local people. Access to the funding is conditional on local authorities and CCG's agreeing plans with local Health and Well-being Boards to improve access and drive integration of services, to improve quality and prevent people staying in hospital unnecessarily. The DH is considering the need for new powers to require pooling of funding locally through the Care Bill.

How the £3.8bn integration pool has been created



£1.9bn of existing funding from across the NHS and social care which is currently spent in areas relevant to both services…

…and £1.9bn of additional NHS money…

2. Conditions

The pooled funding will sit with local authorities but will be subject to plans being agreed by local Health and Wellbeing Boards and signed off by CCGs and council leaders. Plans would also be subject to assurance at national level. As part of the wider 2014/15 planning round, it is envisaged that plans would be developed this year, signed-off and assured over the winter and would be implemented from 2014/15.

Payment will be based on a combination of locally and nationally set outcome measures. Half of the funding will be paid at the beginning of each year (based on 2014/15 performance) and the remainder paid in arrears against performance in 2015/16

Plans and assurance would need to satisfy nationally prescribed conditions, including:

- Protection for social care services (rather than spending) with the definition determined locally
- Seven day working in social care to support patients being discharged and prevent unnecessary admissions at weekends,
- Better data sharing between health and social care, based on the NHS Number,
- Plans and targets for reducing A&E attendances and emergency admissions,
- Risk sharing principles and contingency plans for if/when targets are not being met,
- Agreement on consequential impacts of changes in the acute sector.

3. Plans for Ealing

In Ealing a local plan has been agreed with the CCG and in line with the conditions above and set out in Appendix 1. The plans will build on and further develop existing plans and initiatives such as:

- The Health and Wellbeing Strategy
- The Joint Prevention Strategy
- The Out of Hospital Strategy
- The Outer NWL Integrated Care Pilot
- The NWL Pioneer Bid for Integration
- The development of Intermediate Care Ealing (ICE)
- The Ealing Urgent Care Plan

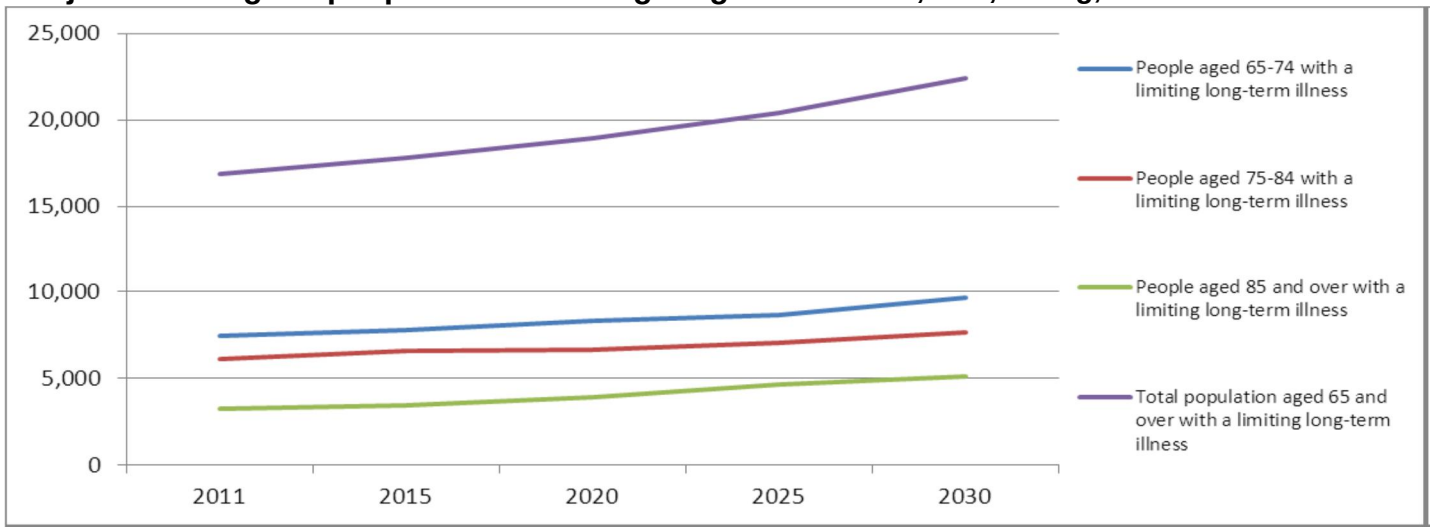
The Health and Wellbeing Board in Ealing has agreed a shared commitment to implement integrated care at scale and pace, building on existing partnerships. As part of this commitment the Board has agreed to:

- Develop a much more ambitious, borough-wide integrated care programme and to review current project management and resourcing arrangements to make sure the right capacity is in place to drive this work.
- Ensure that this considers the benefits of integrated care for different population groups as well as older people; and that opportunities for a more integrated approach to commissioning involving public health are considered;
- Produce a narrative of why integrated care is important for the people of Ealing and the benefits of this approach for clinicians and other front-line staff
- Develop some metrics to capture the benefits and impact of existing integrated services and how data can be shared across NHS and local government boundaries to support this.

4. Population Cohort

ONS population projections show that the total number of people over 65 years in Ealing will grow by 14,900 between 2012 and 2030. The greatest percentage rise is in the 85 and over age group with a predicted increase of 58.6% or 3,400 people. The number of people with a limiting long term illness aged over 65 in Ealing is projected to increase by 33% by 2030 (from 16,838 to 22,409) (see table below)

Projected change in people with a limiting long term illness, <65, Ealing, 2011-2030



The Directly Standardised Admission rate for all hospital admissions and emergency hospital admissions for people aged over 65 in Ealing are significantly higher than the national and London rates and over twice as high as the lowest rates in England. From hospital admission data for the two most recent years (excluding mental health), 75% of admissions are due to the three commonest causes: circulatory diseases (41%), cancer (18%), and respiratory diseases (18%). In relation to dementia in 2012/13 there were 1781 admissions for residents recorded as having a dementia diagnosis – 1521 (85%) of these were admitted through accident and emergency. The associated cost of these dementia admissions was estimated as £5.251 million.

5. Risk Share Agreement

Arrangements will be agreed between the Council and CCG for redeployment of the funding held back in event of the outcomes not being delivered

6. Planned activities, outcomes and investment are set out in Appendix 1

Appendix 1

Service Activity	Investment (14/15) £	Outcomes (Activity) – 14/15	Outcomes (Financial) –14/15 £	Investment (15/16) £	Outcomes (Activity) – 15/16	Outcomes (Financial) – 15/16 £
1. Seven Day Working in Social Care This will enable patients to be discharged form hospital more swiftly and prevent unnecessary admissions at weekends by increasing access to social work, reablement /homecare and telecare/health.	**50,000** Set up costs **Total Investment** **<u>50,000</u>**	Policies/Procedures updated Recruitment underway	NA	2 x Social worker; £33.35 per hour x 35 hours per week **120,000** Homecare hours commissioned with external providers calculated at Band 3 rate. £18.00 per hour x 5,000 hours **90,000** Additional investment in telecare/telehealth (200 pieces of equipment) **75,000** **Total Investment** **<u>285,000</u>**	**Reduction in number of escalation beds open in EHT** ?% reduction for service duration (against 14/15 baseline) **Reduction in the number of long stay patients** ?% for service duration (against 14/15 baseline) **Improved patient outcomes** Patient reported outcome measure Minimum ?% reported satisfaction with the service **Increased accessibility to intermediate care** ?% increase in service take-up (against 14/15 baseline)	Cost of unplanned acute episode between 2,000 to 8,000 per patient

					Reduction in numbers of reported delayed transfers of care against both the NHS and SS ?% reduction for service duration(against 14/15 baseline)	
2. Better Data Sharing between health and social care, based on the NHS Number **2.1 Capital investment to embed NHS numbers into social care IT system (FWI)** Phase 1 will cross match Adults Social care, Children's Services and NHS records to embed NHS numbers in the core case management systems. This will require an extensive data clean across systems, setting up of access to the NHS Personal Demographics service and batch facilities, advanced system cross matching services outside of NHS PDS. In line with Government policy, NHS Number must be used as the primary means of linking and identifying NHS records relating to the care and treatment provided to identifiable service users, and may be used for these purposes by organisations providing social care services. **2.2 Investment to ensure business and technical basis for further integration. To include** • Further Public Health data integration • Substance misuse data integration • FWI interfaces for Careplace development and/or E-brokerage solutions • NHS Integration /RIO/GP systems –	The equivalent resource of 2 full time Grade 14 posts will be required co-ordinate and drive this project. **45.000** **50,000**	50% of social care records with NHS numbers	NA	**45,000** **150,000**	100% of social care records with NHS numbers	NA

watching brief on service integration • Management Information Officer to pull information data together.	**Total Investment <u>95,000</u>**			**Total Investment <u>195,000</u>**		
3. Whole Systems Integration This will build on the successful implementation of the Integrated Care Pilot in Outer NWL and the Pioneer Application across NWL. A local plan will be agreed with the following elements: • Aligning community nursing, social care and mental health services to primary care networks (x 6 locality based) • Risk stratification of top 20% high risk patients • Consideration pooled budgets based on year of care/capitation model • Lead professionals and an accountable clinician for each network • Joint assessment care planning The model will be piloted in one network with roll out across the borough from 2014 to 2015. Support will be provided by NWL CCG's Strategy Team and the consultants appointed across NWL	Social Care Capacity pump priming **100,000** **Total Investment <u>100,000</u>**	To deliver the Ealing Integration Plan (data capture/systems planning/risk stratification of patients/staff recruitment)	NA	6 x health and social care co-ordinators (1 for each network) **360,000** Infrastructure costs (finance support/IT development) **150,000** **Total Investment <u>510,000</u>**	**Improved patient outcomes** Patient reported outcome measure Minimum ?% reported satisfaction with the service **A reduction in non-elective activity** of 4% on the 14/15 baseline **Reduction in the number of long stay patients** ?% for service duration (against 14/15 baseline) **Reduction in admissions to residential care** ?% for service duration (against 14/15 baseline	Cost of unplanned acute episode between 2,000 to 8,000 per patient Cost of residential care for older people (WLA rate) £466pw standard/£530pw dementia)

4. Protection of Social Care Services **4.1 Increasing the amount of intensive social care reablement packages offered to reduce the reliance on care**	None	NA	NA	Additional Reviewing officers - (Grade 7) **270,000** Trusted Assessor Training **4,500** Additional OT Support **90,000** Additional reablement workers/hours **500,000** **Total Investment** **<u>864,500</u>**	**Reduction in numbers of reported delayed transfers of care against both the NHS and SS** ?% reduction for service duration(against 14/15 baseline) **Improved patient outcomes** Patient reported outcome measure Minimum ?% reported satisfaction with the service **A reduction in non-elective activity** of 4% on the 14/15 baseline **Reduction in the number of long stay patients** ?% for service duration (against 14/15 baseline **Reduction in admissions to residential care** ?% for service duration (against 14/15 baseline	Cost of unplanned acute episode between 2,000 to 8,000 per patient Cost of residential care for older people (WLA rate) £466pw standard/£530pw dementia)

4.2 Mental Health Recovery Placements To fund capacity in Ealing to allow people with mental health problems to move into specialist mental health recovery units thus providing a clear health benefit through addressing delayed discharges in hospital and reducing the need for care in institutional settings.]	Placement Officer x 1 **45,000** **Total Investment** **45,000**	Identification of patients and procurement of suitable service providers (supported living)	. NA	Placement Officer x 1 **45,000** 11 step down units at a cost of £606 per week x 52 weeks **346,000** **Total Investment** **391,000**	**Reduction in numbers of reported delayed transfers of care against both the NHS and SS** ?% reduction for service duration(against 14/15 baseline) **Reduction in the number of long stay patients** ?% for service duration (against 14/15 baseline **Improved patient outcomes** Patient reported outcome measure Minimum ?% reported satisfaction with the service	Cost of in-patient mental health admission TBC Mental Health Residential care costs average £850 per week.

4.3 **Equipment/Telecare/Telehealth Mainstreaming** To mainstream, roll out and rationalise Telecare/Telehealth Service for Ealing between health and social care Increase telecare uptake by older people, people with disabilities and dementia	None	NA	NA	**<u>Telehealth</u>** Staff –Technical Support/Project Lead **40,000** Non-Staff Costs **200,000** **<u>Telecare</u>** Staff Costs – Expert Telecare Assessor/Telecare Co-ordinator **70,000** Non-Staff Costs (based on approx. 400) – equipment, installation, maintenance, call response service **150,000** **Total Investment** **<u>460,,000</u>**	**Reduction in numbers of reported delayed transfers of care against both the NHS and SS** ?% reduction for service duration(against 14/15 baseline) **Improved patient outcomes** Patient reported outcome measure Minimum ?% reported satisfaction with the service **A reduction in non-elective activity** of 4% on the 14/15 baseline **Reduction in the number of long stay patients** ?% for service duration (against 14/15 baseline **Reduction in admissions to residential care** ?% for service duration (against 14/15 baseline	Cost of unplanned acute episode between 2,000 to 8,000 per patient Cost of residential care for older people (WLA rate) £466pw standard/£530pw dementia)