



Sandwell and West Birmingham
Clinical Commissioning Group



SEIF Social Investment in End of Life care initiative

Proposal for use of a Social Impact Bond to Procure End of Life Care Services across Sandwell and West Birmingham CCG

A report for the Joint Health Overview and Scrutiny Committee for Sandwell & West Birmingham

23 April 2014

Proposed Social Impact Bond – End of Life Care Services

1. Introduction

The value and benefits of designing and delivering integrated and community based palliative and end of life care is well documented and understood. Sandwell and West Birmingham CCG are currently working in partnership with Marie Curie Cancer Care, Social Finance and Bevan Brittan to explore new social investment and contracting mechanisms in relation to EOLC to secure better quality outcomes and experiences for patients.

The project has developed a proposal for a new finance and contracting model to support commissioning of EoLC over the next 3 to 5 years.

A summary of the proposal is provided as appendix 1.

2.0 Background.

The population of Sandwell & West Birmingham is highly diverse, relatively young, and rapidly changing. Historically the population comes from an industrial background but has more recently seen the growth of ethnic minority groups. The demographics vary significantly across the CCG as Sandwell has a 65.8% population categorised as White British, whereas West Birmingham only has 20.1%. Furthermore Sandwell has a relatively large older population compared to West Birmingham which has a younger population demographic

Sandwell is ranked as the 12th most deprived local authority area out of the total 326 Birmingham is also among the 20 most deprived local authorities. This can result in a lack of preparedness with people not accessing appropriate services and a higher than average use of local acute emergency services.

A growing body of evidence indicates people regard their place of death as an important care-related priority ¹; that 'home' is the preferred place of care and death for the majority of people; and, that most do not change this preference. In addition, more than 50% of people in the West Midlands indicate their place of death was their first or second most important care-related priority ². This preference is not being met locally in Sandwell and West Birmingham, as in most areas nationally, with only 23% of patients dying at home. Meeting individuals' preferences is challenging, but services that are not designed around individuals, their families and carers can lead to unnecessary or prolonged emergency hospital

admissions, which as well as being a poor quality experience for individuals, creates avoidable cost-pressure in terms of acute care use.

The target group for the intervention is the identified End of Life Care population locally - c.2800 individuals. The new service would work with c.1000 p.a. patients locally.

The proposed new service meets two key needs - firstly for the effective identification of patients, design of packages and coordination of services provided locally (a range of social and healthcare interventions, equipment, home from home beds, respite care, hospice, acute care, complementary therapies, specialised nursing and bereavement, with a budget of c.£4.1m) through a Coordination Hub; and secondly, an urgent response specialised nursing service to provide expert care and support at points of crisis preventing avoidable emergency hospital admissions.

3.0 Improving Quality and Patient Experience

The overall aim of the new service model is to improve patient experience and quality of care for local people at the End of Life. Central to this is ensuring patients are accessing the right services at the right time and the potential to avoid preventable emergency admissions is maximised. There is also evidence that patients have strong preferences in relation to their place of death, which are not being met in many cases.

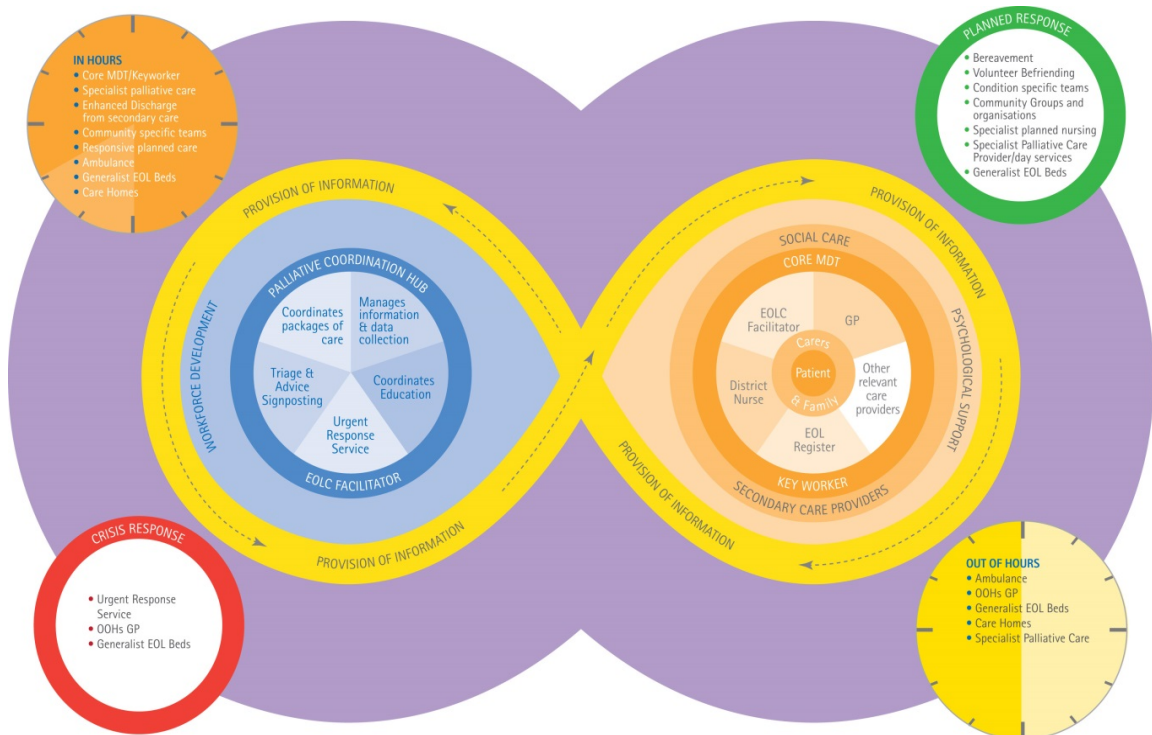
The services included in the Social Impact Bond structure are the core and most innovative part of the overall new service model.

Drawing on a detailed analysis of available evidence, the proposed services, to be funded by social investment, for which the CCG would only pay if agreed outcomes were achieved, are:

- 1) A Coordination Hub: the Hub will coordinate packages of EOL care across all local providers.
- 2) A Rapid Response Service: a service consisting of a nurse and Healthcare Assistant will be on duty 24/7 to help people in the community.

The other services described in the EOL model will be procured through a tendering process. These specifications for these services will include elements of care highlighted as important by co-design groups. This will include the findings from a recent survey undertaken by Agewell in respect of day hospice services.

The proposed End of Life Care Service Model



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The model was heavily influenced by co-design groups who contributed to the key elements of the model, developing a shared view of what care should look like and how it should function. These groups included patients / carers. It is anticipated, that having used a partnership approach, the likelihood of successful delivery is greatly enhanced.

The key redesign elements include;

Identification and Management of Palliative Patients

- An End of Life Care Facilitator will support GP practices to develop their Gold Standards Framework register and facilitate training across the workforce
- Named key-worker
- Utilisation of the supportive care pathway as a framework for care
- Shift in focus from reactive to pro-active care

Responsive and Crisis Management

An urgent response crisis team with the skills and resources to manage crisis and keep patients at home (if that is their wish). This service is directly accessible via one number

Admissions and Discharge from Hospital

Proactive planning and good community services with responsive care provision both day and night, to support a rapid discharge pathway.

Supporting Carers and their Families

Supporting carers and their families through the use of voluntary, befriending and psychological services

The integrated model delivers:

- A single point of contact to help navigate a complex healthcare system
- A central coordination point for the End of Life Care system across Sandwell and West Birmingham
- Improved communication between service providers, delivering patient choice and meeting patient needs
- Improved services with clear and robust performance metrics so that high quality services can be achieved

4.0 Social Impact Bonds

4.1 What is a Social Impact Bond?

Social Impact Bonds (SIBs) catalyse the development of innovative delivery models and can transfer implementation and delivery risks to socially motivated investors often from charitable foundations.

- From the commissioner point of view, the SIB would take the form of a contract under which the CCG commits to pay for improved outcomes which are linked to the achievement of savings in acute care services
- As the commissioner is paying for the achievement of agreed outcomes there is a requirement for social investment to fund the operation of the service in the interim. This investment is used to fund the setting up and delivery of the

services to improve social outcomes for a defined population which are linked to the achievement of savings in the acute care services.

SIBS can provide a range of benefits to commissioners and service users, for example:

- SIBs give delivery organisations the flexibility to bring in new systems, innovative approaches and management expertise
- Rigorous data analysis and on-going project monitoring by SIB managers ensures that the service is always focused on delivering improved outcomes for patients and ensure the CCG only pays if these are achieved

4.3 Outcome and Performance Metrics

The CCG would pay for the outcomes achieved by the new services within the SIB.

A mix of a patient-centred quality indicator and an activity-based metric will help ensure a focus on delivering service quality and on acute demand management. Drawing on evidence of the potential impact of the new services and local priorities, the following two indicators are proposed as the key metrics upon which investors will be paid on success (against agreed baselines):

- Death in usual place of residence; and
- Fewer emergency hospital admissions in the last month of life.

These metrics fulfil national and local SWBCCG strategic priorities of providing improved patient choice and use of care at the end of life.

5.0 Social Impact Bond Model

The potential Social Impact Bond would for run for three years and aim to support 1,000 End of Life patients locally per annum. The CCG would only make outcome payments if the new services were successful- based on reductions in Emergency Admissions in the last month of life. In addition, the CCG would apply to the Big Lottery Fund/Cabinet Office to make outcome payments based on patients dying in their usual place of residence. Investors would only get repaid and receive a return on their investment if outcomes targets are achieved. Evidence indicates this could represent a significant transfer of risk to the investors. The final precise outcome

target(s) and payment level would be set through the commissioning and procurement process. The outcomes proposed are set out below.

Outcome Payment	Indicative payment level	Paid by
A payment for every service user who dies in their usual place of residence	A fixed outcome level to be agreed through the procurement process	Big Lottery Fund /Cabinet Office
A payment for each fewer emergency admission in the last month of life against an agreed baseline	A fixed outcome level to be agreed through the procurement process	SWB CCG

6.0 The Financial Case

The CCG's new service model allows for a review of the current dedicated EOLC budget. The creation of a coordination hub will make it possible to realign funds to support a CCG contribution to the cost thus reducing the required amount of social investment required; the Coordination Hub also has wider benefits. Additionally, the CCG will fund the creation of 8 generalist palliative care community beds.

Available evidence and analysis indicates that if successful the services funded by the SIB would generate project specific savings for SWBCCG. These savings would arise from reduced emergency admissions and potentially reduced elective admissions and A&E attendances. Estimates indicate that with the outcome payments taken into account and the realignment of CCG funds to contribute towards the cost of the Coordination Hub, the package would be broadly cost neutral for the CCG.

6. Recommendations

Members of Sandwell and West Birmingham Governing Body have given their support for the use of a Social Impact Bond to fund the development of a Coordination Hub and Rapid Response team for EOLC as part of the wider new model for EOLC services, subject to the successful application to the Cabinet Office/Big Lottery Fund for Social Outcomes/Commissioning Better Outcomes Fund support and engagement with potential investors.

Members of the Health Overview and Scrutiny Committee are asked to continue to support the CCG through the next phase of the project.

