THE CARE + WELLBEING FUND

INVESTING IN BETTER END OF LIFE CARE – A PARTNERSHIP MODEL

Summary

1. This note summarises a Social Investment Partnership model for improving end of life care and seeks expressions of interest from Clinical Commissioning Groups and other local health and care system leaders who wish to explore developing such a Partnership. The model has been developed with the support and collaboration of the Department of Health, NHS England and a range of health charities and we are now looking to implement it with up to six CCGs.

2. The aim of the Improving End of Life Care Incubator is to invest in better 24/7 community based care, such as rapid response nursing and other specialist community nursing teams, as part of an overall strategy for improving care at the end of life. Typically, the transition funding required for shifting to better community care will be £0.5 - £1.5 million, with the scope for the new system to then generate a modest saving in the medium term as demand for acute services falls.

3. Building on partnership approaches successfully developed in other areas of improving care, the Incubator would provide development support and the full upfront investment at complete risk. Investors are strongly socially motivated, led by a major national health charity. In return, CCGs and the wider system would be expected to closely collaborate in co-designing and commissioning the service and to share savings in acute care.

4. The Incubator is seeking initial partnerships with up to six local areas which have a need to expand 24/7 community end of life care. Areas will also need to have a strategic commitment to improving end of life care in line with the principles of the recent *Ambitions for Palliative and End of Life Care* framework, populations which if better served by community care will likely to have a lower need for acute care and be willing to closely engage and share savings with the Incubator.

5. The Incubator is asking commissioners who are interested in the model to get in touch by **30th November 2015** in order to support preliminary discussions in December and January and a decision on whether to proceed to a co-design phase by end of January 2016. Following a successful co-design phase, the aim would be to agree investment and commissioning in the spring and for services to commence in autumn/winter 2016.

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Background

6. Over the last decade, significant progress has been made in developing better care and support during the last months and weeks of life. Awareness has grown, new care processes developed and important partnerships formed.

7. Yet as the National Palliative and End of Life Care Partnership has highlighted recently, there is still scope to significantly improve outcomes nationally and in many local areas. In too many places, people still do not always receive the right type of care, in the right place, at the right time and in ways which reflect their choices. Local action is often required on many fronts: including better care planning, education and training, information sharing, and leadership.

8. Improving care often also requires up-front investment. In particular, as *Ambitions for Palliative and End of Life Care* and the original *National End of Life Care Strategy* articulate, the development of high quality 24/7 nursing care in community settings is an investment which can significantly enhance people's choice and wellbeing.[1]

9. Well-implemented and integrated, such services can also reduce demands on acute services.[2] The investment challenge is therefore one of supporting the *transition* to better 24/7 community care in the short and medium term and ensuring that such new services are well implemented and managed. In the long-term, savings are possible.

A Social Investment Partnership to Improve End of Life Care

10. Social Finance is a not-for-profit organisation committed to developing better preventative and community based services. We particularly work with charitable foundations and other socially motivated investors to look at how we can support the development of improved services for the most vulnerable in society.

11. In partnership with a range of charities, the Department of Health and the wider palliative care community, over the last two years we have developed a model to invest in improving 24/7 end of life care. The approach strongly aligns with the recent *Ambitions for Palliative and End of Life Care* framework and has benefited from close engagement with NHS England. It is being implemented by our Improving End of Life Care Incubator and funded by investors led by a major national health charity.

12. Under the proposed approach, the Improving End of Life Care Incubator will support local health and social care systems to accelerate service developments. In particular, we consider that in many areas there is a need and opportunity to support 24/7 care in the last month of life, such as through introducing or expanding rapid response nursing services, other planned specialist nursing services and potentially elements of co-ordination. These services should not be seen as a panacea or established in isolation,

[1] National Palliative and End of Life Care Partnership (2015) "Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020" and Department of Health (2008) "End of Life Care Strategy"
[2] L Wye, G Lasseter, J Percival, B Simmonds, L Duncan, S Purdy (2012) "Independent Evaluation of the Marie Curie Cancer Care Delivering Choice Programme in Somerset and North Somerset"

but well managed and integrated with wider developments can quickly support improved choice, outcomes and reliance on acute services.[3]

13. Building on a range of similar Social Investment Partnerships we have helped launch over the last year (see Annex) the model will have the following key features:

    - The Improving End of Life Care Incubator would look to co-design better 24/7 community nursing services in partnership with local commissioners and wider stakeholders;
    - Through a commissioning process led by the CCG and managed in partnership with the Incubator, the best provider(s) will be identified for delivering services;
    - The Incubator will use investment that Social Finance manages on behalf of socially motivated investors (primarily a large national health charity) to provide the start-up and running costs of the new service. We expect that to significantly improve 24/7 community end of life services will require around £0.5-£1.5 million of upfront funding in each area;[4]
    - By managing the development of a number of similar services, the Incubator will also be able to share best practice between services and support rigorous implementation;
    - If community-based care improves and use of acute services falls, savings generated to the system will initially be used to repay the up-front investment in the new service. Once the initially investment has been repaid, savings will be shared between investors and commissioners and, after a set period, flow solely to commissioners. If outcomes do not improve and savings are not generated, no payment will be made to investors.

14. The model is intended to work where an annual end of life population of around 1,000 or more can be identified with an 80% probability of a hospital admission in the last month of life. The ambitions for the new service should include providing patients with greater choices, improving access to care and maximising comfort and wellbeing. If these aims are met, and the new service is effectively coordinated with other primary, community and secondary care services, we consider that up to 30% fewer people are likely to need a hospital admission in the last month of life.[5]

15. In the co-design phase, we would look to ensure that the new service fully reflects and complements existing local provision and wider system developments. We are open to extending the approach to look at improving care and support over the last year of life and wider service developments, but have also found that initially delivering a focused model of improvement can have significant advantages and are therefore initially looking for areas which could benefit from such a focused approach.

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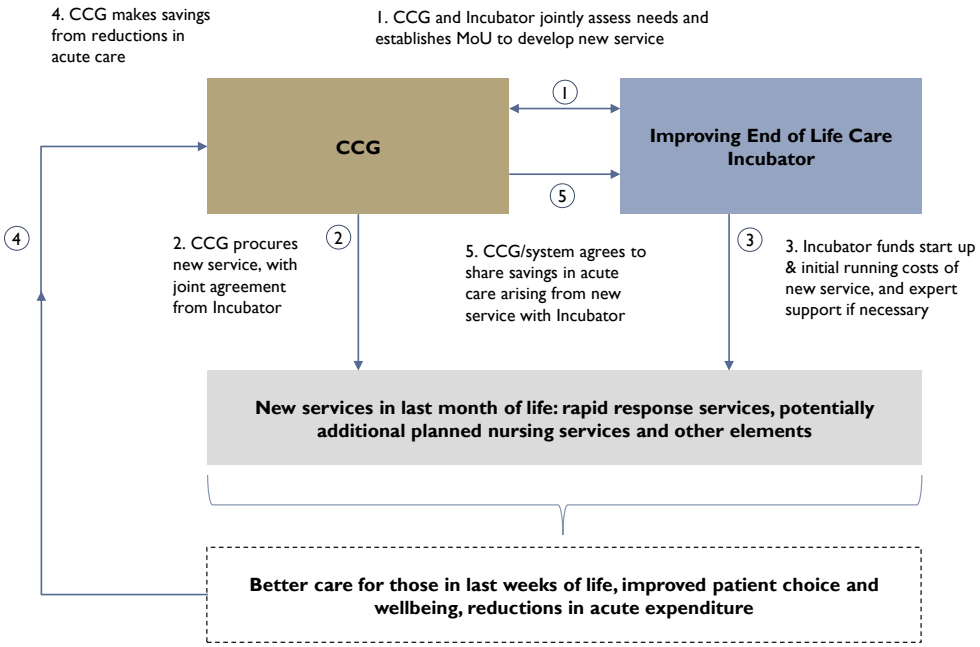
[3] *Ibid.*

[4] Based on financial analysis undertaken by Social Finance with advice from end of life care providers. Required investment amount may be higher for larger populations.

[5] Xavier Chitnis, Theo Georghiou, Adam Steventon and Martin Bardsley (2012) "The impact of the Marie Curie Nursing Service on place of death and hospital use at the end of life"

A SOCIAL INVESTMENT PARTNERSHIP TO IMPROVE END-OF-LIFE CARE



Next steps

16. The Improving End of Life Care Incubator is seeking up to six areas with which to form partnerships in the first phase. Social investment of up to £12 million has been secured in order to enable service improvements in these areas.

17. All areas are open to apply in England, Wales and Scotland. The Incubator is particularly looking for areas with the following characteristics:

    i. An identified need to expand 24/7 community based nursing care;

    ii. A commitment by local commissioners and providers to improve palliative and end of life care, in line with the *Ambitions for Palliative and End of Life Care* framework – a commitment which is likely to include a desire to improve local co-ordination, training and leadership alongside investment in specific new services;

    iii. The potential to reduce the use of acute service - such as through having above national average levels of deaths in hospital and/or good systems for identifying patients who want to and could be better served through community based provision (total population size may also be important for the model to be cost effective and smaller CCGs may wish to collaborate in order to support the development of specialist services);

iv. A willingness to share savings with the Incubator in return for upfront funding and service support;

v. A willingness to engage in the co-design of the service with the Incubator, including through clear local project leadership, the potential for a local project manager counterparty and collaboration on analysis of service use and costs and stakeholder engagement.

18. The Incubator is seeking preliminary expressions of interest in the **model by 30th November 2015**. This does not require any formal commitment from a CCG, and would purely be to inform exploratory discussions on whether the approach is appropriate. We will organise one or two phone discussions and potentially a face to face meeting in order to understand whether your area is likely to meet the characteristics set out above.

19. The Incubator will seek to make decisions on potential partnership areas by **early-January 2016**. At this point, in-principle support for a new service backed by the Incubator would also be required from the CCG leadership team and local stakeholders, including identifying a nominated senior lead and internal resources to engage with the Incubator in the co-design phase.

20. The Incubator will then work alongside the CCG and system leaders to test, in detail, feasibility of investing in better 24/7 care, including supporting the development of a detailed business case and service specification. For clarification, Incubator support would not be charged for, although local areas will be expected to engage closely in the development of the business case and service specification and demonstrate a commitment to implementing the service. Both the CCG and Incubator will need to independently agree to proceed following the finalisation of a business case and service specification. The aim would be to reach these agreements in spring 2016, commence the service commissioning/procurement process shortly after that and for the new services to be operational in autumn/winter 2016.

Social Finance

October 2015

ANNEX: FURTHER RELEVANT INFORMATION

The Improving End of Life Care Incubator

1. The Improving End of Life Care Incubator is part of Social Finance's Care and Wellbeing Fund. Social Finance is a not-for-profit organisation committed to improving services and outcomes for those in greatest need. In the eight years since we were established we have supported the development of a range of services supporting the most vulnerable, including children with severe behavioural needs, young people at risk of unemployment, those suffering from homelessness and ex-offenders.

2. Our work in health and care focuses on developing better preventative and community based care. Recent projects have included supporting the development of services to better prevent and manage long-term conditions and associated acute care, and on improving community-based social care, primary care and mental health and employment services. Current and recent health and care partners include Tower Hamlets CCG, Staffordshire CCG, the London Borough of Haringey, Manchester City Council, Worcestershire CCGs and County Council, Newcastle City Council and social enterprises such as Salford Health Matters and MySupportBroker.

3. The development of the Improving End of Life Care Incubator model has been funded by the Department of Health, the Health Foundation and other grant makers in close collaboration with the wider palliative care sector and NHS.

4. The Incubator will draw upon a new socially focused investment fund – the Care and Wellbeing Fund – which will be launched later in November 2015. The £12 million Fund aims to support improvements in community based care for those with cancer and other long-term health conditions. The lead investor is a major national health charity. Further details can be provided in discussion with commissioners and following the launch of the Fund.

Social Investment Partnerships

5. Social Investment Partnerships are a way for commissioners, socially motivated investors and providers to work together to develop and scale new services. Under such a partnership, socially motivated investors bring a combination of funding and expertise/capacity building to help establish and manage a new service. They plan and develop the services in partnership with commissioners, sharing a common vision and values for improving services and sharing savings if these are delivered and outcomes improve.

6. Examples of recent Social Investment Partnerships which Social Finance have helped establish include:

    - ***Expanding Shared Lives*** care for those with learning disabilities, mental health and other needs: social care in which people are supported by living in another family home rather than in high cost residential care. Under this partnership

social investors, including the Esmee Fairbairn Foundation, and local commissioners in Manchester and Lambeth have jointly planned and commissioned expanded Shared Lives service. Investors provide all the upfront funding, and considerable capacity building to services, and in return share a small proportion of the savings as and when residential care is decommissioned.

- ***Improving wellbeing and reducing admissions for those living with long-term conditions.*** Under this model in Newcastle, social investors are supporting the development of a major new prevention and self-care service for 7,000 people with diabetes, COPD and other long-term conditions. The CCG makes payments primarily based on a reduction in acute admissions.

- ***Developing better employment support for those with severe mental health conditions.*** As part of this partnership model, CCGs in Staffordshire, Tower Hamlets and Haringey are co-commissioning new services with socially motivated investors. Investors part fund the delivery of services and are paid by central government when and if employment outcomes improve.

- ***Reducing loneliness and isolation among older people***. Through this partnership in Worcestershire, socially motivated investors are supporting the delivery of better support to over 3,000 older people by Age UK and other local voluntary and community sector providers. Local CCGs, public health, social care and central government will make payments if and when loneliness falls.