DEVELOPING NEW MODELS OF END OF LIFE CARE: KICK-OFF DISCUSSION

MARCH 2016
OBJECTIVES

Recap on Social Finance and the End of Life Care Incubator

Discuss the opportunity for improving End of Life Care (EOLC)

Share initial thoughts on the payment model and the role of social investment

Agree the key steps for completing the feasibility study

Agree immediate next steps
## INTRODUCING SOCIAL FINANCE AND THE END OF LIFE CARE INCUBATOR

<table>
<thead>
<tr>
<th>SOCIAL FINANCE</th>
<th>END OF LIFE CARE INCUBATOR</th>
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<tbody>
<tr>
<td><strong>Not-for-profit</strong> social enterprise, founded in 2007</td>
<td><strong>Partnership with CCGs</strong> to improve community EOLC services</td>
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<tr>
<td><strong>Designed / developed first Social Impact Bond</strong></td>
<td><strong>Development support and capital</strong> of up to £1.5 million available for each locality to support this process</td>
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<td><strong>Work across multiple issue areas, including employment, health &amp; social care, and children’s services</strong></td>
<td><strong>A social investment model</strong> for a 24/7 EOLC community nursing service developed</td>
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<td><strong>Mobilised ~£100M socially-motivated investment; £33M contracts under management</strong></td>
<td><strong>Sits within the Care &amp; Wellbeing Fund, managed by Social Finance</strong> – a £12 million social investment fund backed by two socially-motivated investors (Macmillan, Big Society Capital)</td>
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THE CASE FOR CHANGE

Growing need to better meet people’s preferences for End of Life Care

• Number of people with palliative care needs set to rise by 17% by 2030
• While 63% of people would prefer to die at home, only 22% do

Meeting EOLC needs would improve social outcomes and reduce demand for acute services

• Improved community based palliative care can reduce emergency inpatient admissions by 66%
• The total cost of acute care at the end of life is significant, estimated at approximately £4,500 per patient.

Multiple challenges to deliver patient-centric and holistic support for patients at end of life

• Limited identification of EOLC patient needs and preferences, especially non-cancer sufferers
• Lack of service coordination, with multiple providers in each area and limited information flow
• Lack of appropriate community-based services, leading to increased use of generalist hospital care

Growing evidence base for “what works”

• NICE Quality Standard – information, identification, co-ordination, holistic support, personalised plans
• Rapid-response and/or planned specialised nursing service can double chances of patient dying at home
• EOLC coordination hub can reduce emergency admissions by up to 57%

How do these challenges affect your area?

2) Sue Ryder (2013) A Time and a Place and Public Health England End of Life Care Profiles
3) Nuffield Trust (2012) The impact of the Marie Curie Nursing Service on place of death and hospital use at the EOL
4) Nuffield Trust (2014) Exploring the cost of care at the end of life
5) NICE (2013) QS13
6) Bristol University (2012) Independent Evaluation of the Marie Curie Cancer Care Delivering Choice Programme in Somerset and North Somerset
THE EOLC INCUBATOR PRESENTS AN OPPORTUNITY TO DEVELOP AND EXPAND EFFECTIVE SERVICES

Analysis and feasibility assessment

• EOLC Incubator will sponsor a feasibility assessment to determine scope for 24/7 specialised nursing for improving care in last weeks of life
  – Is the population large enough to support a specialised nursing service?
  – What are the anticipated outcomes from a service?
  – What are the potential local savings from reduced acute spend to cover improve community service costs?
• Enables CCG and Care and Wellbeing Fund to decide whether to co-design detail

Partnership working to tailor service and focus on outcomes

• EOLC Incubator will form a partnership with each CCG to tailor the core service model to local need, e.g. nature and scale of specialised nursing service and fit with wider service landscape (coordination hub, district nurses, hospices)
• Incubator will draw on Social Finance’s extensive experience to develop a funding model that meets CCG’s financial requirements, incentivises positive outcomes, and supports external investment

Access to social investment and EOLC expertise

• EOLC Incubator has direct access to a £12m investment fund (Care and Wellbeing Fund) backed by two socially-motivated investors, including Macmillan
• Fund has already indicated that End of Life Care is a strategic priority
• Use of social investment allows CCG to reduce the risk of commissioning a new service, since payments are made on the basis of outcomes
• Of equal importance, the EOLC Incubator is able to draw on significant national expertise in EOLC and apply to local areas
WHAT A SOCIAL INVESTMENT PARTNERSHIP TO IMPROVE EOLC COULD LOOK LIKE

CCG

End of Life Care Incubator

Partnership to jointly assess needs and develop operational and financial model

New services in last month of life: rapid response services, potentially additional planned nursing services, better co-ordination & other elements

Outcomes achieved, incl. reduced acute spend

Payment for outcomes

Outcomes achieved, incl. improved patient experience

Up-front investment in services

Better care for those in last weeks of life, improved patient choice and wellbeing, reductions in acute expenditure
A FOCUS ON OUTCOMES CAN SUPPORT RIGOROUS SERVICE DEVELOPMENT AND DELIVERY

Outcomes-focused service model…

…Driving rigorous delivery

Flexible funding to adapt to needs
Service optimisation
Data capture and analysis

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Improving End of Life Care Incubator

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WE ARE DRAWING ON SIMILAR SUCCESSFUL SOCIAL INVESTMENT PARTNERSHIP MODELS – E.G., THE SHARED LIVES INCUBATOR

- The Shared Lives Incubator brings together investment and expertise to support local authorities and providers to transform shared lives provision

1) MCC and SLI jointly assess needs and procure new service

2) MCC establishes five year framework contract

3) Incubator covers full financial risk of starting new service

4) Incubator provides expert support

5) Small share of revenue returned to investors

Better care for those with learning disabilities, mental health and other needs, significant savings to the social care system
OPERATING MODEL: AIM TO DEVELOP EOLC COMMUNITY MODEL TO PROVIDE MORE PERSON-CENTRED, COORDINATED CARE

End of Life Register

District Nursing

Social Care, CHC, family and carer support

Information, training, facilitators

EPaCCS

Specialised Nursing Service (24/7, planned)

Hospice, Hospice at Home

Specialist EOLC support (OHH and community offer)

Coordination hub

Acute Services

Any new service works seamlessly with existing providers

Underpinned by engaged, informed and compassionate professionals, working alongside families and communities

What are the key services to develop in your area?

Potential new services
Existing EOL service
Key EOL enablers

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ACCESS TO SOCIAL INVESTMENT ENABLES CCG TO PAY FOR SERVICE OUTCOMES, LINKED TO REDUCED ACUTE DEMAND

A. Investment by Care and Wellbeing Fund

B. Service delivery commences

C. Outcomes achieved (e.g., death in place of choice, reduced admissions)

D. CCG pays on the basis of outcomes
HOW FUNDING MIGHT WORK IN PRACTICE

Initial investment provides working capital for nursing service for three years.

Funding for the nursing service to run for three years is provided upfront by the Care & Wellbeing Fund.

CCG payments are based on the number of users going through the service, improved patient outcomes and the reduction in emergency inpatient admissions associated with these patients.

- Initial investment
- Payment 1
- ... every 3 months...
- Payment 12
- 3 years
KEY POTENTIAL STEPS FROM TODAY TO IMPLEMENTATION

Feasibility

Assess scope for new services, outcomes & savings

Co-development

Outline business case for CCG
Outline investment case for Fund
Develop service model & specifications
Partnership & contracting structures
Jointly procure provider

Commissioning & investment

Final sign-off by CCG and CWF

Delivery

Support mobilisation & delivery

Underpinned by strong partnership working & alignment of values
1. Confirm executive sponsorship of this project and a working partnership with the End of Life Incubator

2. Conduct analysis and local interviews to test and develop operating and financial model assumptions, including benefits for CCG and end of life patient population

3. Tailor specialised nursing service model within context of wider EOLC service landscape

4. Agree commissioning approach, i.e., partnership model with EOLC Incubator, procurement approach

5. Agree targeted outcomes and payment mechanism for CCG(s) in outline

- Completed feasibility study to determine suitability for investment
- Completed study forms basis for consideration by CCG

- Would be followed by an MoU and co-development stage if both parties wish to proceed
An improved specialised 24/7 nursing service will form the core of the service model

- With option to explore planned nursing and a coordination hub

Services will be commissioned on a payment-for-outcomes basis, supported by social investment

- Outcomes could include the number of users in the service, improvements in patient experience (e.g. death in place of choice or usual place of residence), measurable reductions in emergency admissions or total acute costs

Aim to procure or extend services in the coming 12 months and would like to work in partnership to develop the right operating and financial model

We will start working together right away

- Aim to complete feasibility study within c. 8 weeks
- CCG project lead (c. 1 day a week)
In late 2013 and during 2014, Social Finance and Marie Curie Cancer Care were funded by the Department of Health’s Social Enterprise Investment Fund to develop a social investment approach to funding End of Life Care Services. The work was crystallised around one CCG in the Midlands.

**During 2015, Social Finance launched the Care & Wellbeing Fund**, a £12 million investment fund which aims to support improvements in community based care for those with cancer and other long-term health conditions. Backed by socially motivated investors BSC and Macmillan.

Social Finance worked with another CCG interested in the End of Life model. This was an opportunity to align the model with up-to-date policy and test against another CCG landscape.

**In September 2015, the End of Life Care Incubator was developed**, as a way for commissioners, socially motivated investors and providers to work together to develop, iterate and scale new end of life services. NHS England were instrumental in facilitating contact with interested CCGs, with an aim of identifying up to 6 to take forward as a cohort, to ensure learning across the cohort. Insights from the analysis will be shared with Prof Bee Wee and her team.
SOCIAL FINANCE ANALYSIS SHOWS POTENTIAL FOR A BETTER SERVICE WHICH IS BROADLY COST NEUTRAL

Over 2014, Social Finance undertook a major review of the costs and benefits of community based care services. Focusing on the Rapid Response Nursing Service, a source of cost savings was found. This provided a strong case for either internal NHS investment or externally provided social investment in supporting the expansion of such services.

Average cost of End of Life Care emergency admission - £2,500

Average emergency admissions in last month of life - 0.7

Typical costs of emergency admissions per 1,000 patients - £1.75 million p.a.

Typical cost of Rapid Response Nursing Service - £0.5 million p.a.

Savings generated by reducing emergency admissions by 33% - £0.58m p.a.

Expected net saving per 1,000 patients - £0.08m p.a.

Calculations based on Hospital Episode Statistics from 2008 – 2013 for one CCG
EXAMPLES OF UK SOCIAL IMPACT BONDS

Reducing young people Not in Education, Employment or Training
Department of Work & Pensions (Perthshire and Kinross)

Managing long-term health conditions
Newcastle City Council

Developing Therapeutic Foster Care
Manchester City Council

Improving complex adoption
Nationwide

Ensuring troubled adolescence avoid the need for Care
Essex County Council

Supporting those with mental health conditions into employment
Haringey Council and NHS

Reducing Rough Sleeping
Greater London Authority
EXAMPLES OF OUR HEALTH AND SOCIAL CARE PROJECTS

1. Care & Wellbeing Fund – a £12 million investment fund focused on unlocking innovation in the provision of a range of community services and early interventions for those with cancer and LTC particularly the elderly across the UK

2. Cornwall Adults LD - exploring the potential for social investment opportunities in learning disability services

3. Cornwall Living Well – supported Age UK and CCG to develop programme aimed at reducing loneliness and social isolation

4. End of Life Care – working with partners to develop a social investment approach to EOLC

5. Health and Employment Partnerships – investing in programmes to provide employment (vocational rehabilitation) for people with mental health needs

6. Lancashire integrated well-being – supported commissioners to develop Integrated Wellbeing Service

7. MySupportBroker – advice on business development and raising capital to a social enterprise focused on the provision of low cost support to those managing personal budgets

8. Newcastle Adults LD – providing advice to commissioners across learning disability provision

9. Reconnections – social investment in a new approach to tackling loneliness

10. Salford Health Matters – providing business advisory services in particular with respect to raising capital to this innovative primary care enterprise

11. Shared Lives Incubator – investing in the development and growth of Shared Lives schemes around the country

12. Swindon – working with partners to develop a social investment approach to EOLC

13. Ways to Wellness – supported the development of the first health SIB focused on LTCs management

The Shared Lives Incubator brings together investment and expertise to support local authorities and providers to transform shared lives provision:

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EXAMPLES OF SOCIAL INVESTMENT PARTNERSHIPS – MENTAL HEALTH AND EMPLOYMENT PARTNERSHIP

1) Haringey and MHEP jointly assess needs and procure new service and enter into partnership

2) Haringey & MHEP co-commission and contract service

3) MHEP provides support

4) Central governmental pays for employment outcomes achieved

Haringey LA/CCG

Mental Health Employment Partnership

Twinings Ltd (social enterprises), working closely with NHS Trust

Employment support as an integrated element of recovery pathway
WHAT IS SOCIAL INVESTMENT?

Investment where, at the time of the investment decision, the social purpose of the enterprise is a principal motive for the investment.

Examples:
- CAF Venturesome
- Big Issue Invest
- Care and Wellbeing Fund (Social Finance Fund manager)
- Bridges Ventures
- Generation Investment Management
- Barclays Capital
WHAT ATTRACTS SOCIAL INVESTORS TO SOCIAL IMPACT BONDS?

- Interest in scaling a particular intervention or supporting a specific community
- Desire to increase government efficiency
- Desire to promote collaboration, innovation and build new markets
- Interest in shifting funding toward prevention
- Focus on improving outcomes around a particular social issue
- Desire to invest in effective social programmes

SELECTED SIB INVESTORS:

[Logos of different organizations]