Ageing Well

Integrating Care for Older People

Martin Vernon

Clinical Advisor Ageing Well Programme

November 2019

NHS England and NHS Improvement

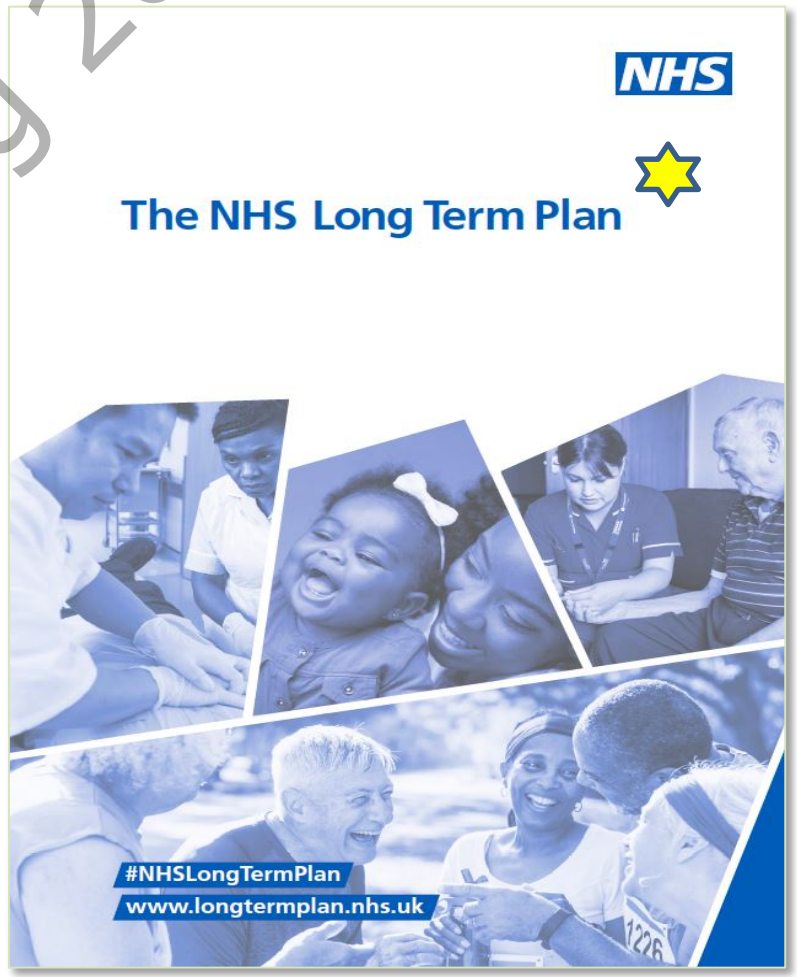
BGS Autumn Meeting 2019

The NHS Long Term Plan

How we will invest the 20.5bn government funding commitment

NEW!

1. Do things **differently, through a new service model**
2. Take more action on **prevention** and **health inequalities**
3. Improve **care quality and outcomes** for major conditions
4. Ensure that **NHS staff** get the backing that they need
5. Make better use of **data** and **digital technology**
6. Ensure we get the most out of **taxpayers' investment** in the NHS



BGS Autumn Meeting 2019

Strategic and operational planning-principles

- Systems expected to bring together members, organisations and wider partners, adopting a common set of principles and leadership behaviours as they develop and deliver plans

- In doing this, they will be expected to ensure that their plans align with the following principles:

1. **Clinically-led**
2. **Locally owned**
3. **Realistic workforce planning**
4. **Financially balanced**
5. Delivery of all commitments in the Long Term Plan
6. Phased action over 5 years and based on local need
7. Using allocated funding to reduce local health inequalities and unwarranted variation

BGS Autumn Meeting 2019

Strategic and operational planning-approach

- **Clinically-led:**
  - Identify and support **senior clinicians to lead** on the development of implementation proposals for all LTP commitments that have clinical implications and on the totality of their plan

- **Locally owned:**
  - Ensure **local communities** meaningfully contribute to the development of local plans
  - Local government will be key partners and are asked to engage throughout the process
  - Voluntary sector and other local partners, including representatives from the most marginalised communities should be involved.

BGS Autumn Meeting 2019

Workforce development

The Long Term Plan set out how, over the next five years, the NHS will invest in more staff working in diverse multi-disciplinary teams to improve care for patients, with a particular focus on growing the workforce in primary and community care, and staff who support people with cancer, mental health conditions and multiple health conditions.

Primary care networks will employ over 20,000 more staff, growing multi-disciplinary teams of GPs, social prescriber link workers, pharmacists, physiotherapists, nurses, paramedics and physician associates.

Children and young people's mental health services will employ nearly 6,500 more staff, including mental health support teams in schools and colleges, and develop digital approaches to reach more people in need.

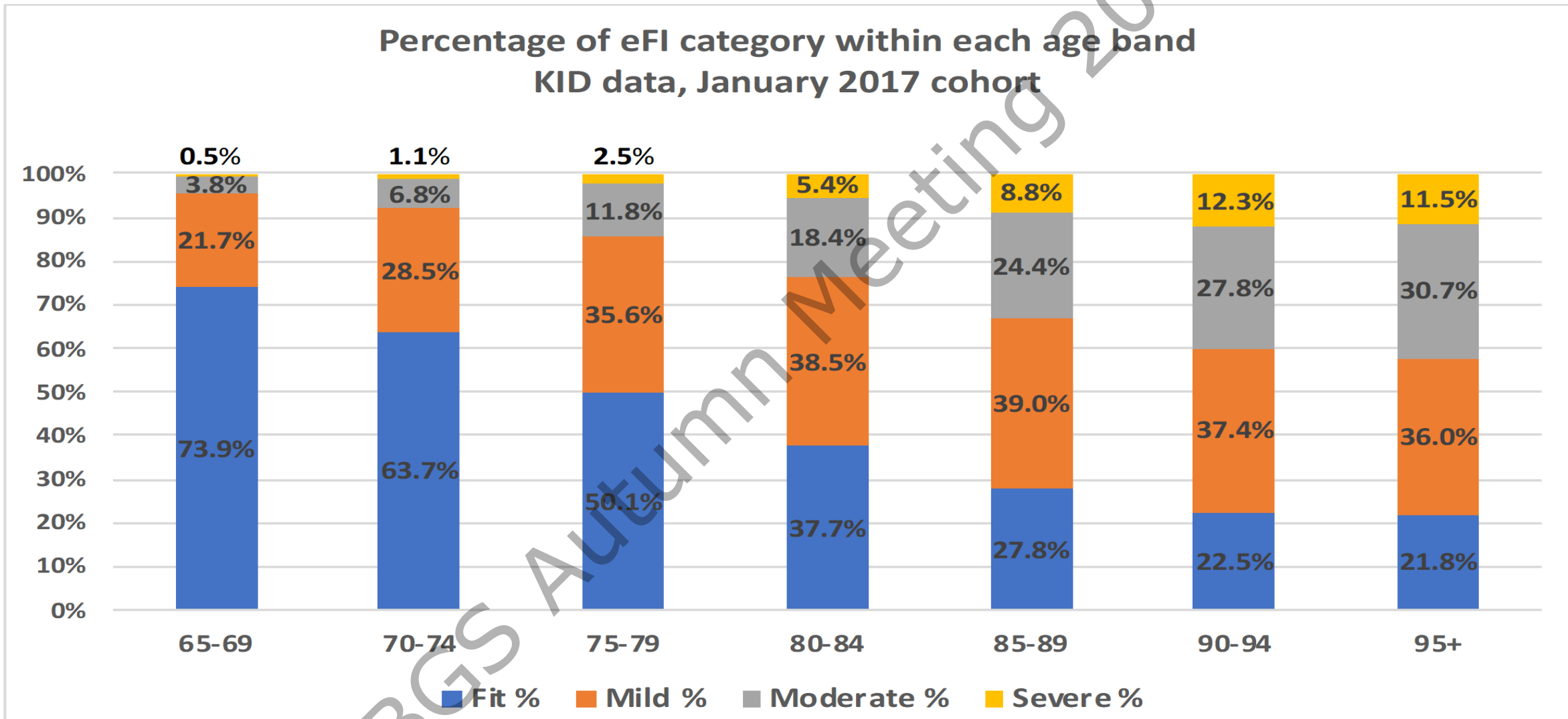
Overall, 25,000 more staff will be employed in mental health services. More than 10,000 of these, including 2,500 peer support workers, will deliver a new integrated model of community healthcare for adults with severe mental illnesses.

Greater networking and multi-disciplinary team working across diagnostics and treatment to offer the right care at the right time, with over 4,000 more radiology, specialist medical, scientific and cancer nursing staff.

Over 10,000 more staff including community nurses, allied health professionals, care coordinators and reablement workers will be employed to better meet the needs of a growing and ageing population. Together they will support people to age well, respond to their urgent care and mental health needs and provide enhanced support in care homes.

BGS Autumn Meeting 2019

Its not all about frailty or older people, but..

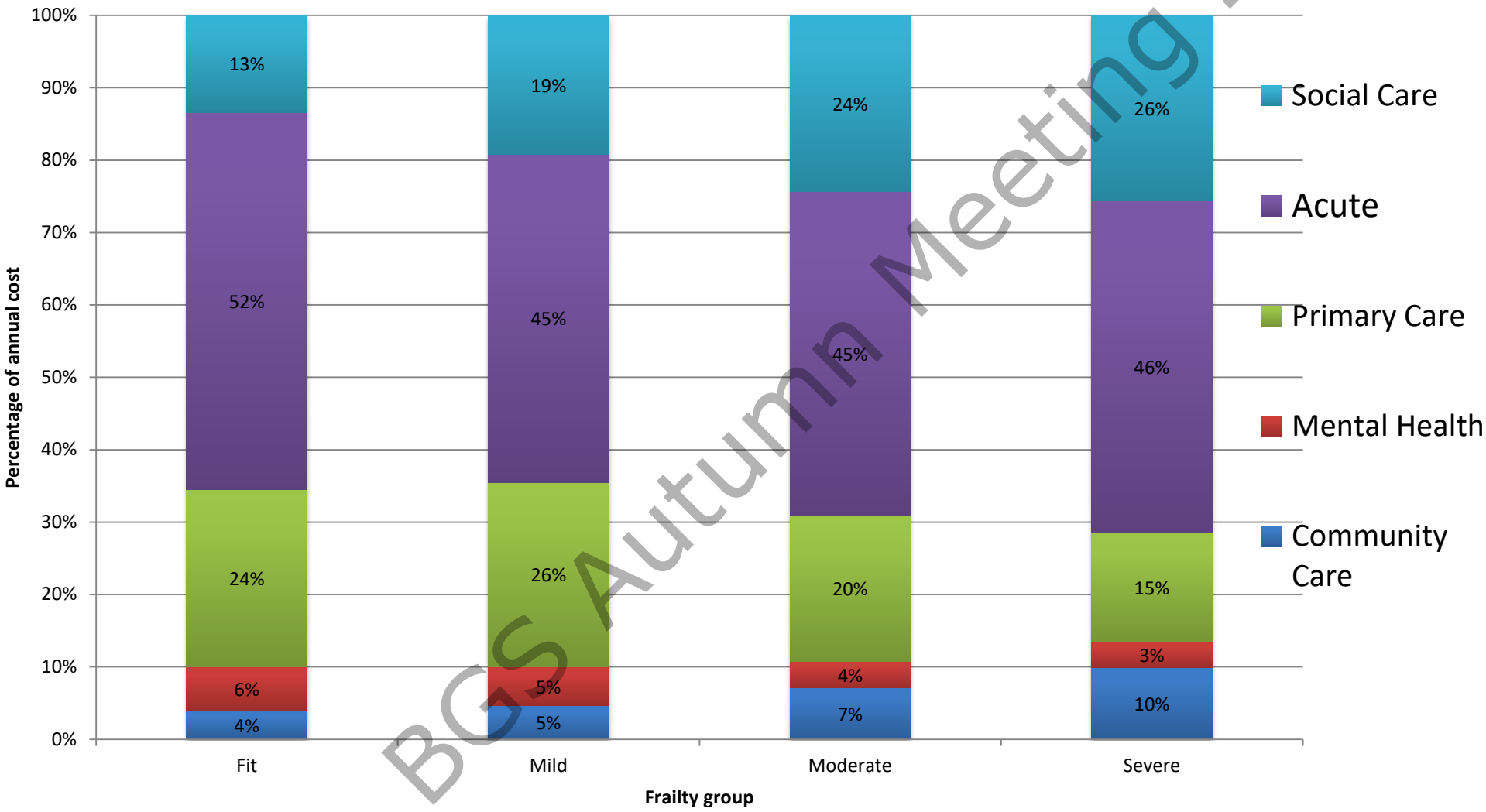


BGS Autumn Meeting 2019

NHS England analysis- KID 2017-18

Distributive spend does not match needs and outcomes

Proportion of total costs by care type for each frailty category, KID population aged ≥65, Jan – Dec 2017 full year cohort

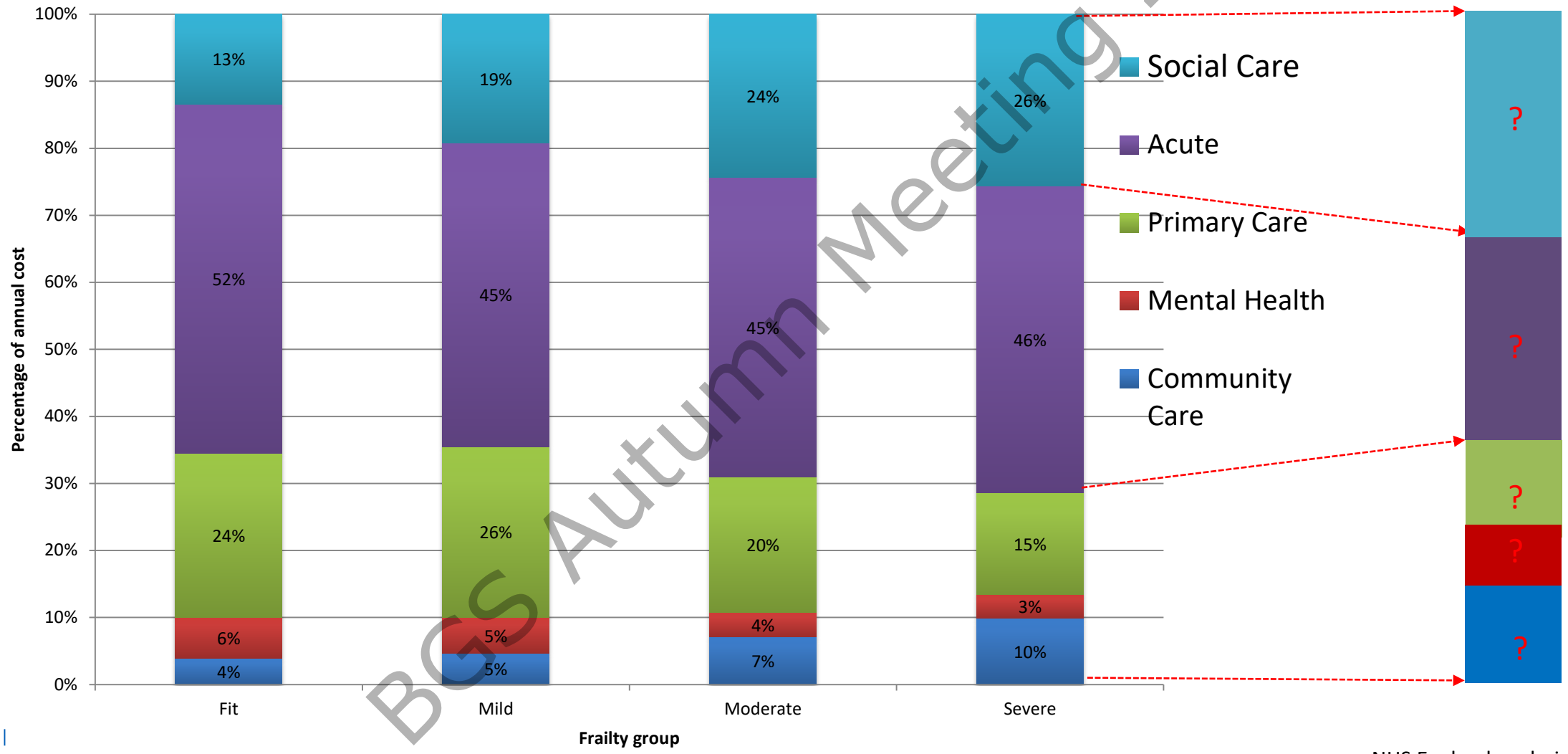


BGS Autumn Meeting 2019

NHS England analysis- KID 2017-18

Distributive spend changing as a success measure

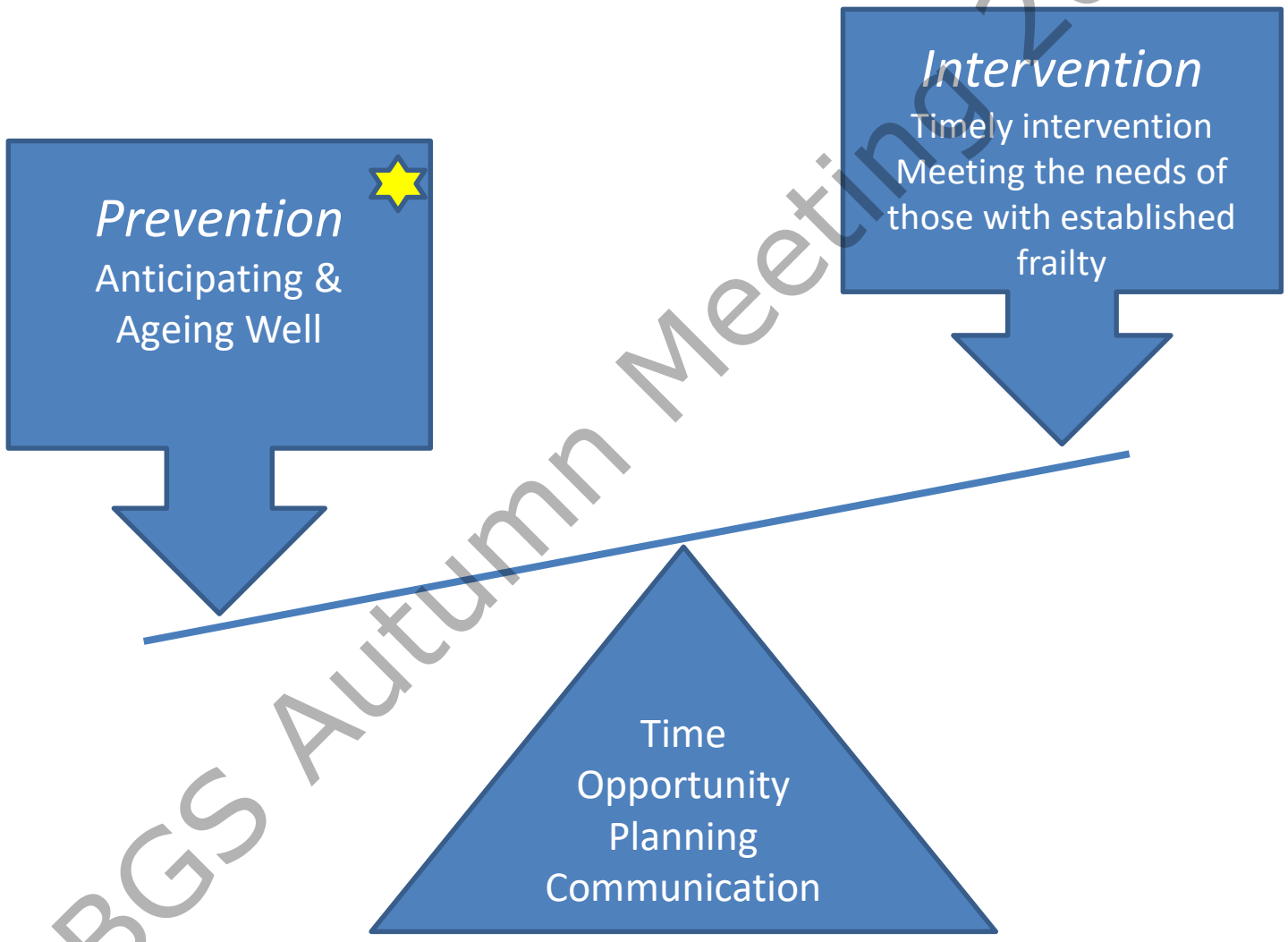
Proportion of total costs by care type for each frailty category, KID population aged ≥65, Jan – Dec 2017 full year cohort



BGS Autumn Meeting 2019

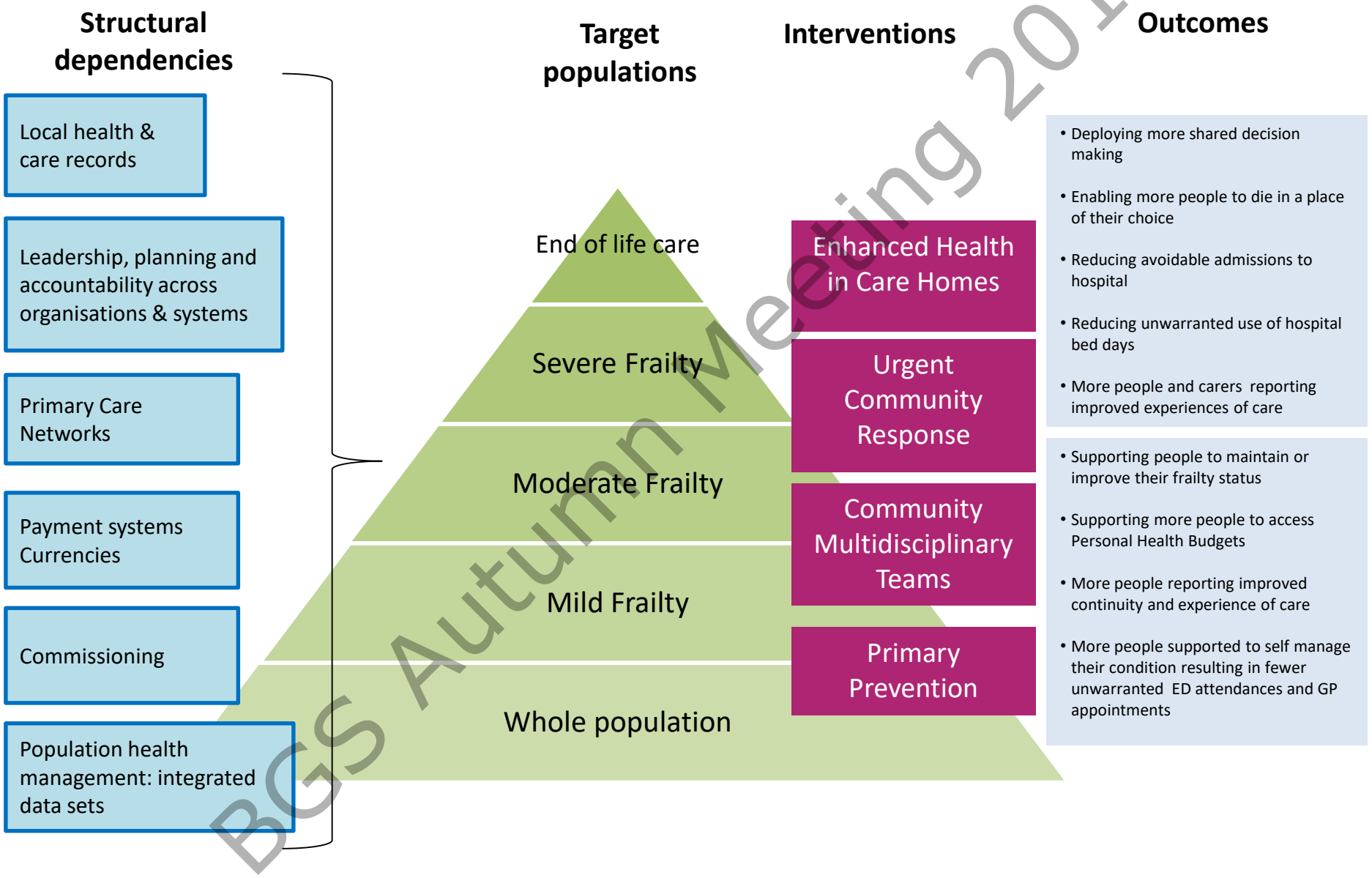
NHS England analysis- KID 2017-18

Using frailty identification to balance care



BGS Autumn Meeting 2019

Understanding a complex system using population frailty

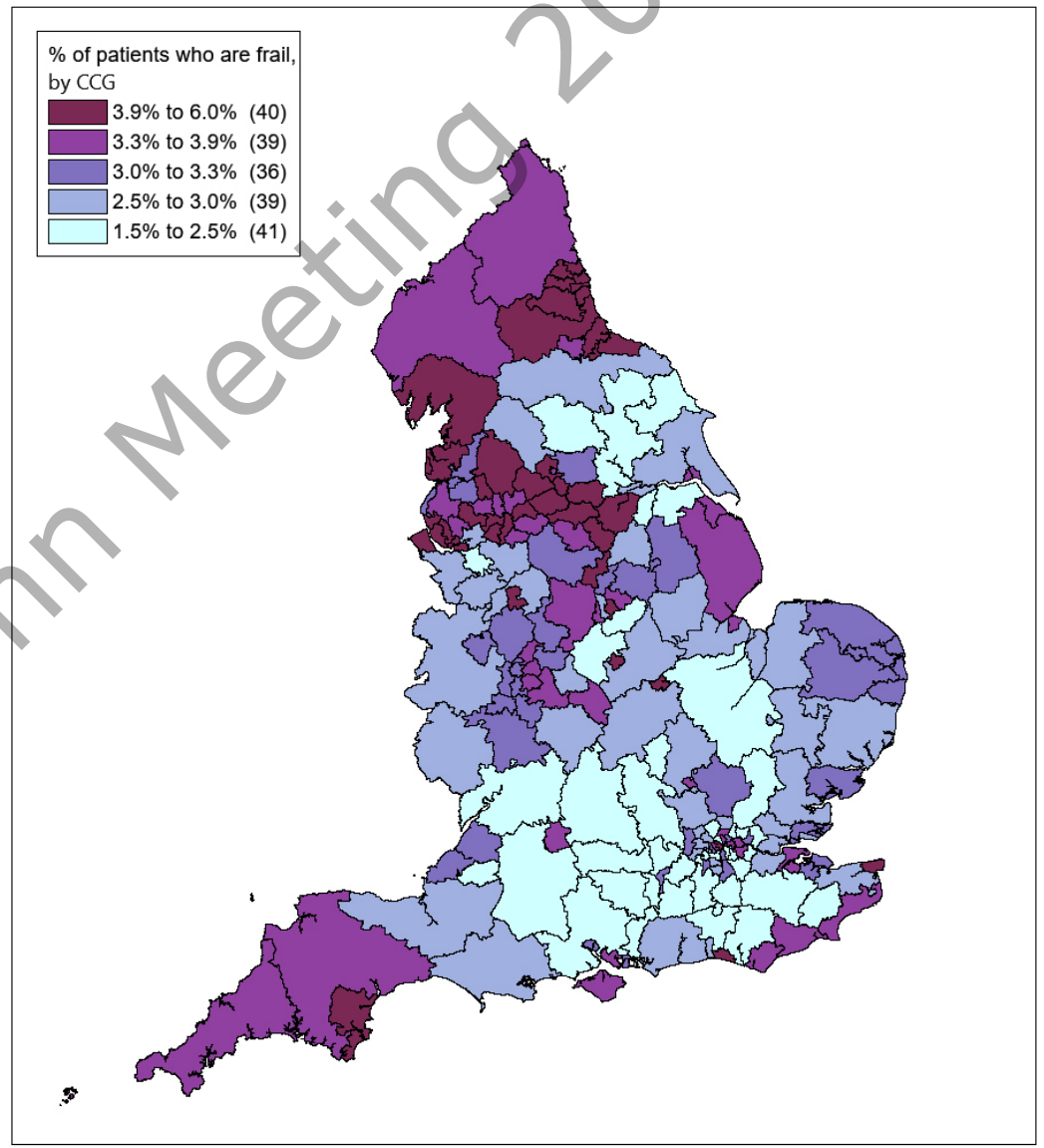


BGS Autumn Meeting 2019

Prevalence of 'frailty'-GPPS: inequalities

- **Darker/pinker areas** on map are CCGs with **higher proportion of frail patients**

- CCGs with **more frail patients** seem to be concentrated in the **north of the country, and in urban areas in the Midlands**



*based on GP-registered population

BGS Autumn Meeting 2019

NEW!

Ageing Well-new model for people with complex needs

- Funding for delivering the three models agreed through the LTP process – includes central funding agreed specifically to support delivery of the 2 hour / 2 day standards by 2023/24

Urgent Community Response

- Deliver clearly defined crisis response services within two hours of referral across the country – within five years to avoid unnecessary hospital admission and support same day emergency care
- Deliver clearly defined reablement care within two days of referral to all those judged to need it across the country – within five years to reduce unnecessary hospital stays

Enhanced Health in Care Homes (EHCH)

- Upgrade NHS support to all care home residents who would benefit by 2023/24, with the EHCH model rolled out across the country across the next decade as staffing and funding grows

Anticipatory Care (Community Multidisciplinary Teams)

- From 2020/21 have primary care networks assessing local populations at risk and working with local community services to support people where it is needed most through targeted support
- Support the expansion of the existing community dataset
- Support the commitment to greater recognition and support for carers

BCS Autumn Meeting 2019

Funding – Ageing Well

	2019/20	2020/21	2021/22	2022/23	2023/24
Targeted funding *	£6	£40m	£40m	£24m	£24m

***Targeted funding to accelerator STPS to roll out Ageing Well models.**

- Budgets have been allocated to fund targeted schemes and for specific investments, where a general distribution is not appropriate
- The process for accessing this funding and detailed distributions will be provided to systems at a future date, with some elements expected to be notified during the planning process

BGS Autumn Meeting 2019

Funding – Ageing Well

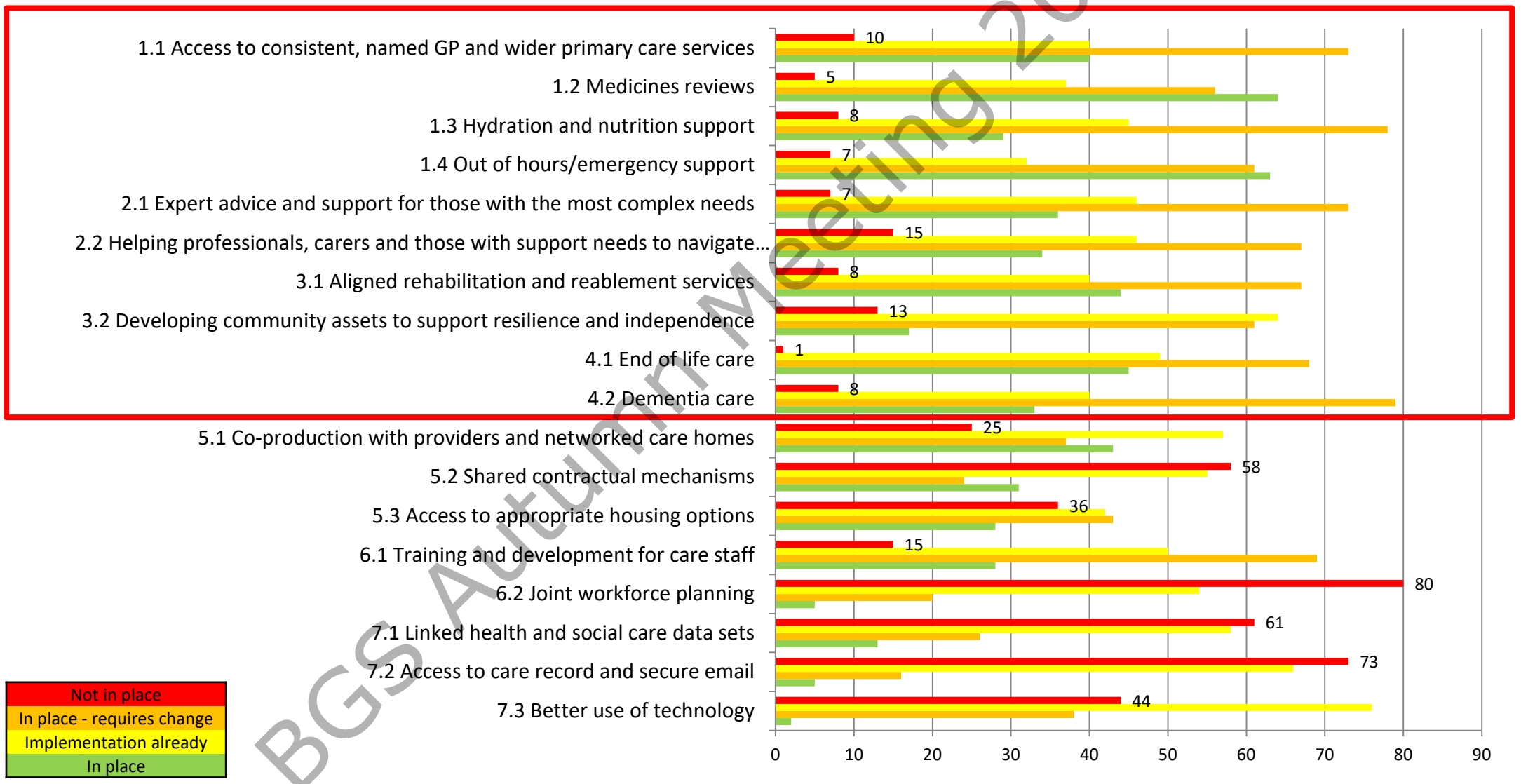
	2019/20	2020/21	2021/22	2022/23	2023/24
Indicative funding*	£0	£30m	£70m	£204m	£343m

***Deployment of home-based and bed-based elements of the Urgent Community Response model, Community Teams/Anticipatory Care, and Enhanced Health in Care Homes**

- Systems will need to make local decisions on how to deploy funding to meet the Long Term Plan commitments which may involve a different distribution or phasing of expenditure
- This funding should be reflected in plans in addition to published five-year CCG funding allocations and any other locally assumed income.
- Our regional teams, who will be advised by National Service Transformation Directors, will jointly approve the release of funding based on assurance of plans to ensure that they deliver the commitments made in the Long Term Plan. ICS areas will have a higher degree of autonomy over deployment of this funding

BGS Autumn Meeting 2019

Baseline- CCG Self-Assessed RAG Ratings Against Sub-Elements of EHCH Framework (2016/17)



BGS Autumn Meeting 2019

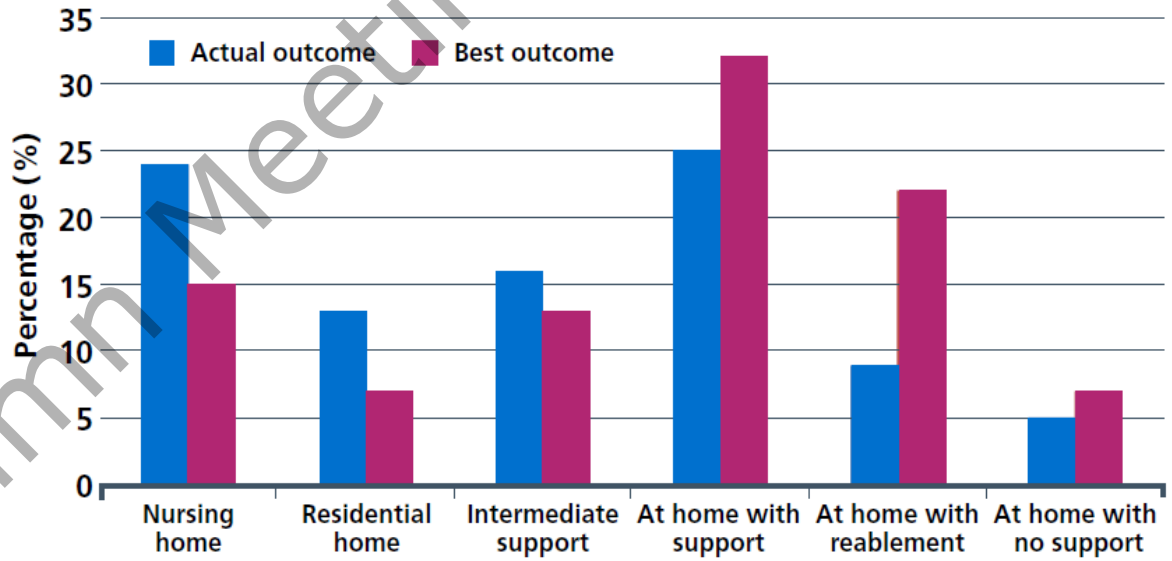
The chart depicts the national RAG rating against each sub-element

No. of CCG Response

People end up in the wrong part of the system because..

- People with varying degrees of frailty don't always get the care they need in the right setting and at the right time
- Hospital interventions for some people with frailty are limited in efficacy

Figure 5: Differences in where people are discharged compared to where would be best for them.

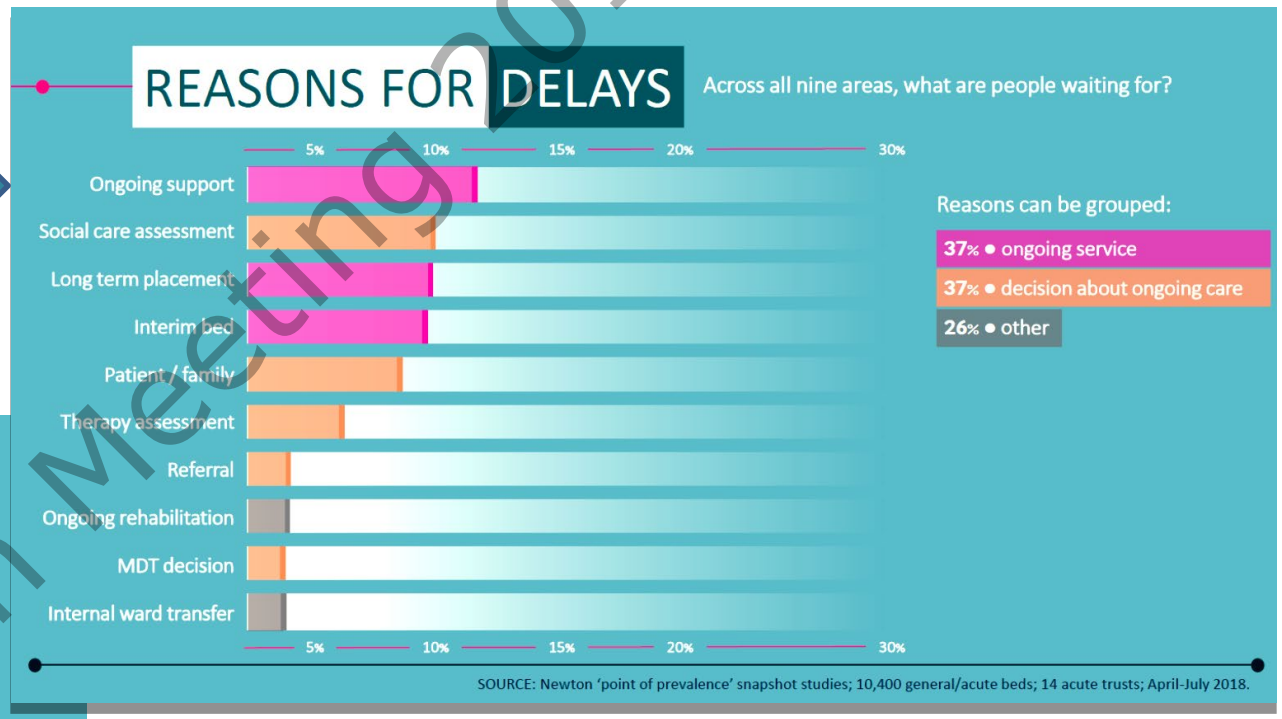


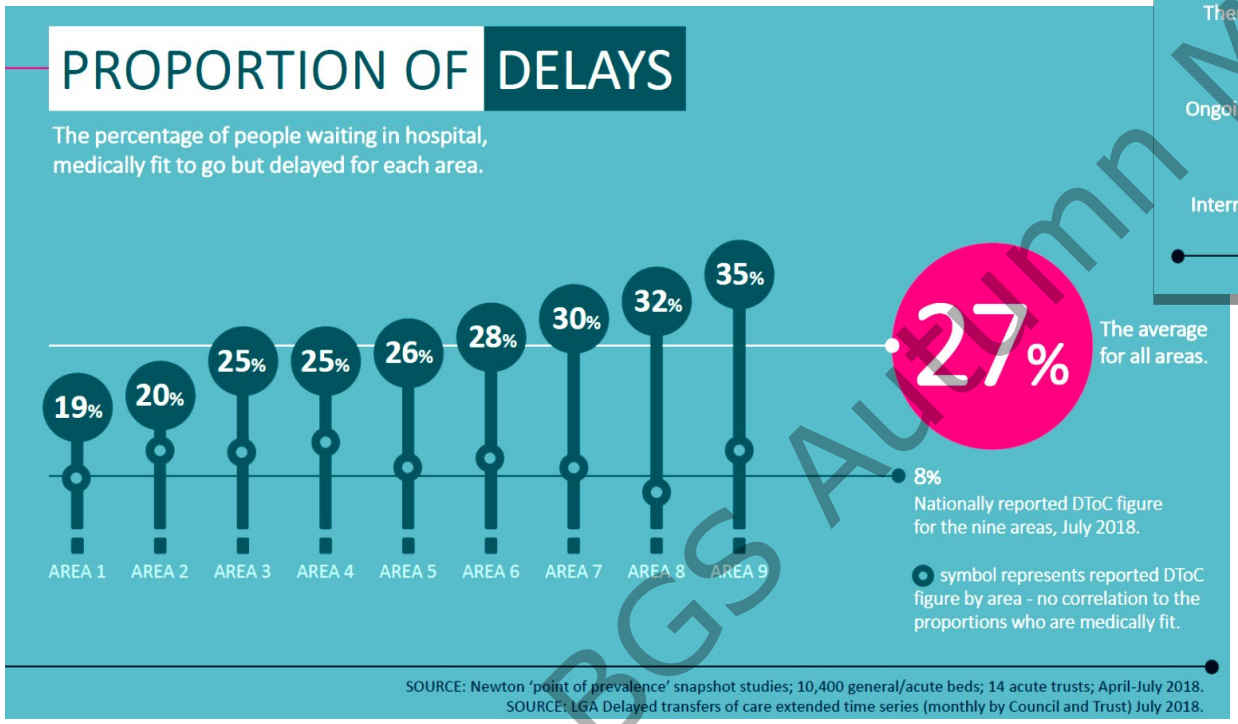
Source: Newton Europe.

BGS Autumn Meeting 2019

Demand and supply of community care not in balance

Mostly people waiting for community care or 'assessment'





Its not all DTOC

BGS Autumn Meeting 2019

New standards to drive improvement

NOT A STATEMENT OF POLICY

NEW!

2H/2D UCR- draft definitions

Crisis response

A Crisis Response Intermediate Care Service is a community-based service provided to people in their **own home or a Care Home *within 2 hours*** of the need for the Crisis Response Care being identified

Crisis Response Intermediate Care Within 2 Hours Waiting Time Measurement is measured to ensure there are 120 minutes or fewer between clock start and clock stop

Clock start:

- Measured by when the **referral in to the service** is made

Clock stop:

- **First direct face-to-face contact** in the person's own home

BGS Autumn Meeting 2019

NEW! (2H/2D UCR) draft definitions

NOT A STATEMENT OF POLICY

Reablement

Service comprises assessment and interventions provided to people in their home (or Care Home) within 2 days of need to help them recover, and relearn skills, and regain confidence and to maximise their independence.

Step up Reablement

- Care to people (at home and/or in the community) to help avoid unnecessary hospital admission for people at risk of being sent and/or admitted to hospital
- includes people who may be in their last years or months of life but are not in their last days of life

Step down Reablement

- Care to people (at home or in their community) following admission to hospital and who are determined to be medically optimised for discharge and no longer in need of hospital care.
- includes people who may be in their last years or months of life but are not last days of life

Reablement Intermediate Care Within 2 Days Waiting Time Measurement is measured to ensure there are 2 midnights or fewer between the clock start and clock stop.

Clock start:

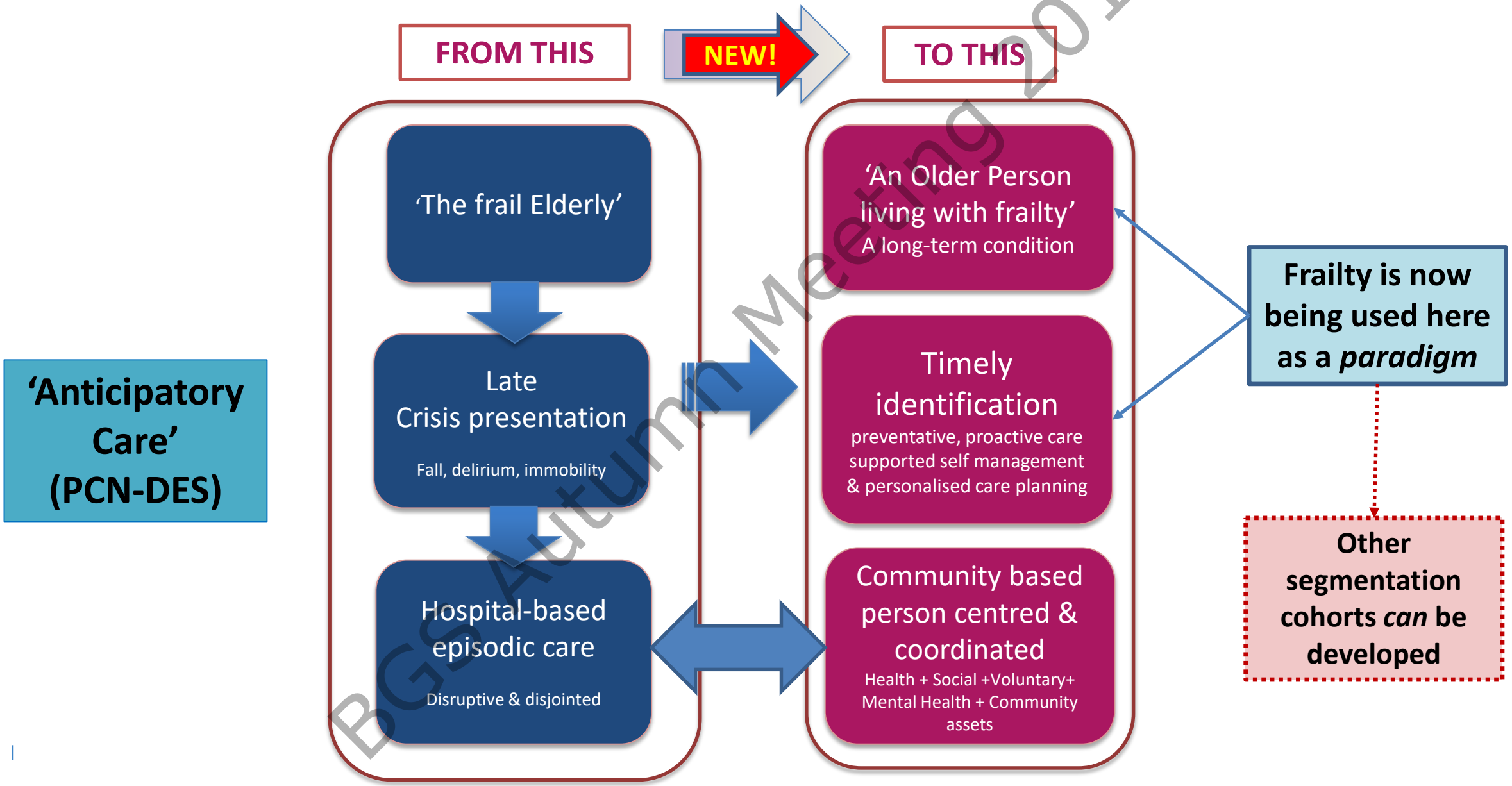
- The person is identified as **needing reablement in their own home** as safe alternative to hospital or community-bed
- **Step up care** this is measured by when the **referral in to the service** is made.
- **Step down care** measured from **when need for the reablement is identified** for an acute hospital-located person who is medically optimised for discharge

Clock stop:

- The person receives the **first face to face contact from a reablement worker in their own home.**

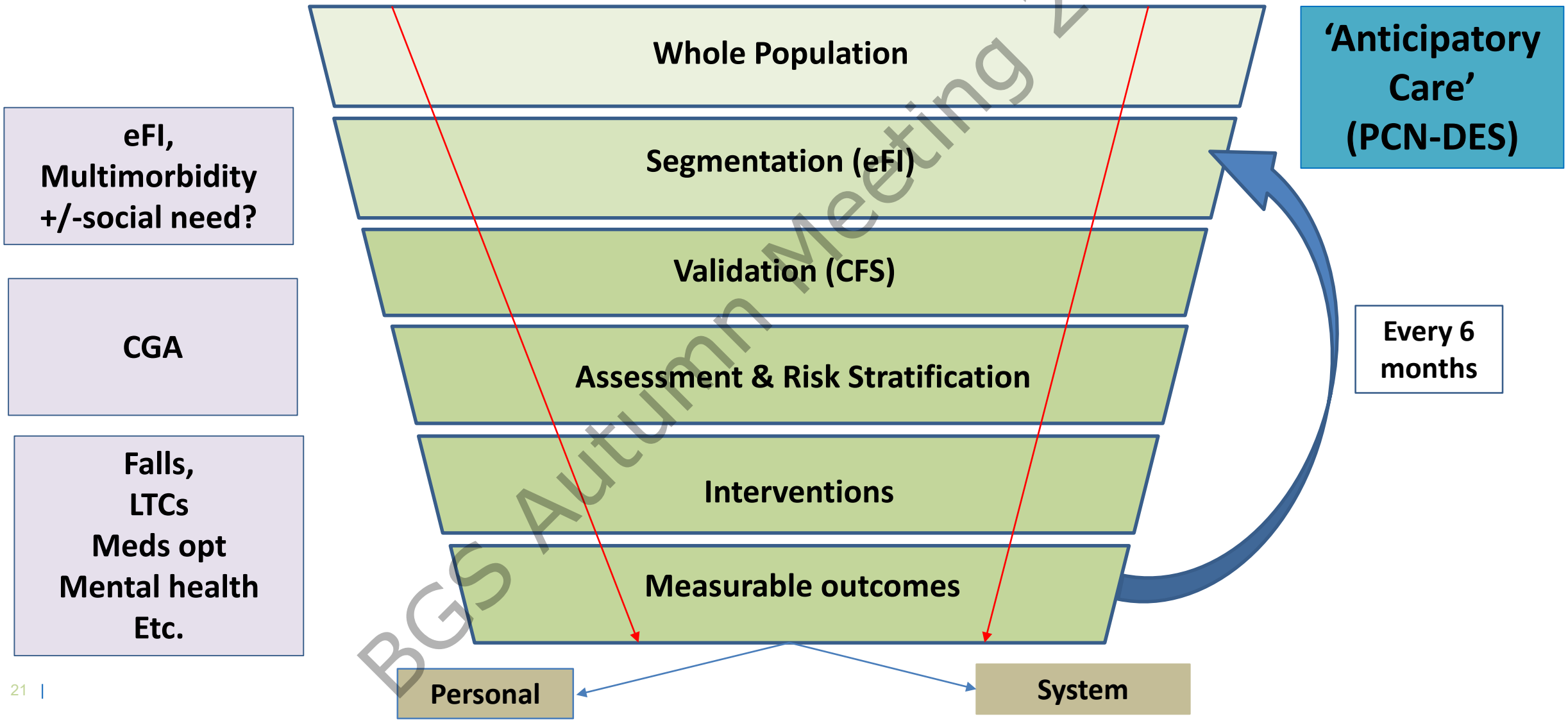
BGS Autumn Meeting 2019

What's the national PHM approach to older people?



BGS Autumn Meeting 2019

Population health management: moderate & severe frailty



BGS Autumn Meeting 2019

Building a frailty register in primary care

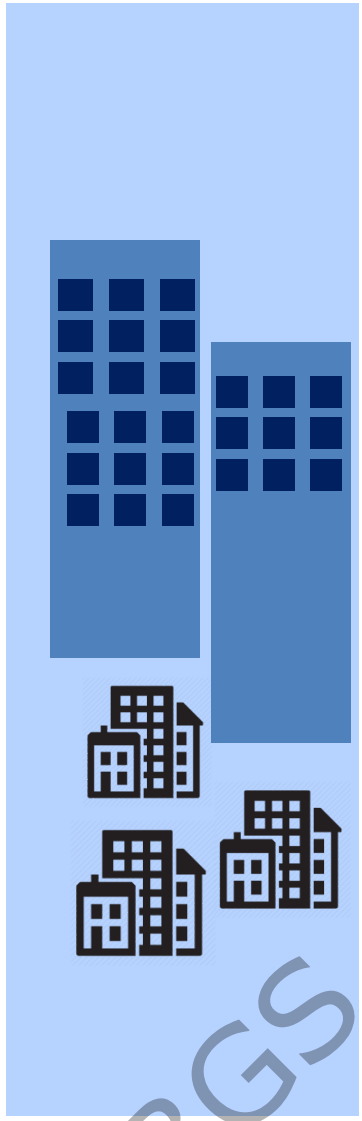
Definition	Cumulative 2017-18 total	Cumulative 2017-18 %
Count 65+ with frailty assessment	2,574,063	25.6% 65+
65+ without frailty assessment	7,468,288	74.4% 65+
Total moderately frail	630,921	**6.3% 65+**
Total severely frail	320,262	**3.2%**.
Total moderate and severely frail	951,183	**9.47% 65+**
Severe frailty w/medication review	210,687	65.8% (severe frail
Moderate or severe frailty w/fall	102,378	10.7% (moderate/severe frailty
Moderate or severe frailty w/falls clinic	25,570	2.9% (moderate/severe frailty)
Moderate or severe frailty w/consent to SCR	140,501	14.8% (moderate/severe frailty)

BGS Autumn Meeting 2019

GP Contract 2017/18 Data [Q4]

NHS England data

Programme alignment with new system architecture



Level	Pop. Size	Purpose
NEW! Neighbourhood	~50k	• Strengthen primary care • Network practices and other out of hospital services • Proactive & integrated models for defined population
Place	~250-500k	• Typically borough/council level • Integrate hospital, council & primary care teams/services • Develop new provider models for 'anticipatory' care
System	1+m	• System strategy & planning • Develop accountability arrangements across system • Implement strategic change and transformation at scale • Manage performance and £
Region	5-10m	• Agree system 'mandate' • Hold systems to account • System development • Intervention and improvement

Anticipatory Care

EHCH

PCN

Urgent Community Response

Programme team & national support

BGS Autumn Meeting 2019

Spreading best practice across the country-we do this already!

NHS England

LOGIN 0 ITEMS

Search Events...

About us Our work Resources Commissioning Get involved

Developing Communities of Practice for the Ageing Well Programme

25 September 2019 10:00am – 4:00pm

The Kia, Oval, London, The Kia, Oval, London, SE11 5SS, United Kingdom

CALENDAR CONTACT

Tickets All booking fees included.

Developing Communities of Practice for the Ageing Well Programme

SELECT OPTIONS FREE

BOOK NOW

BGS Autumn Meeting 2019

Ensure key resources are invested optimally: talk to your CCG

NHS RightCare

age UK Love later life

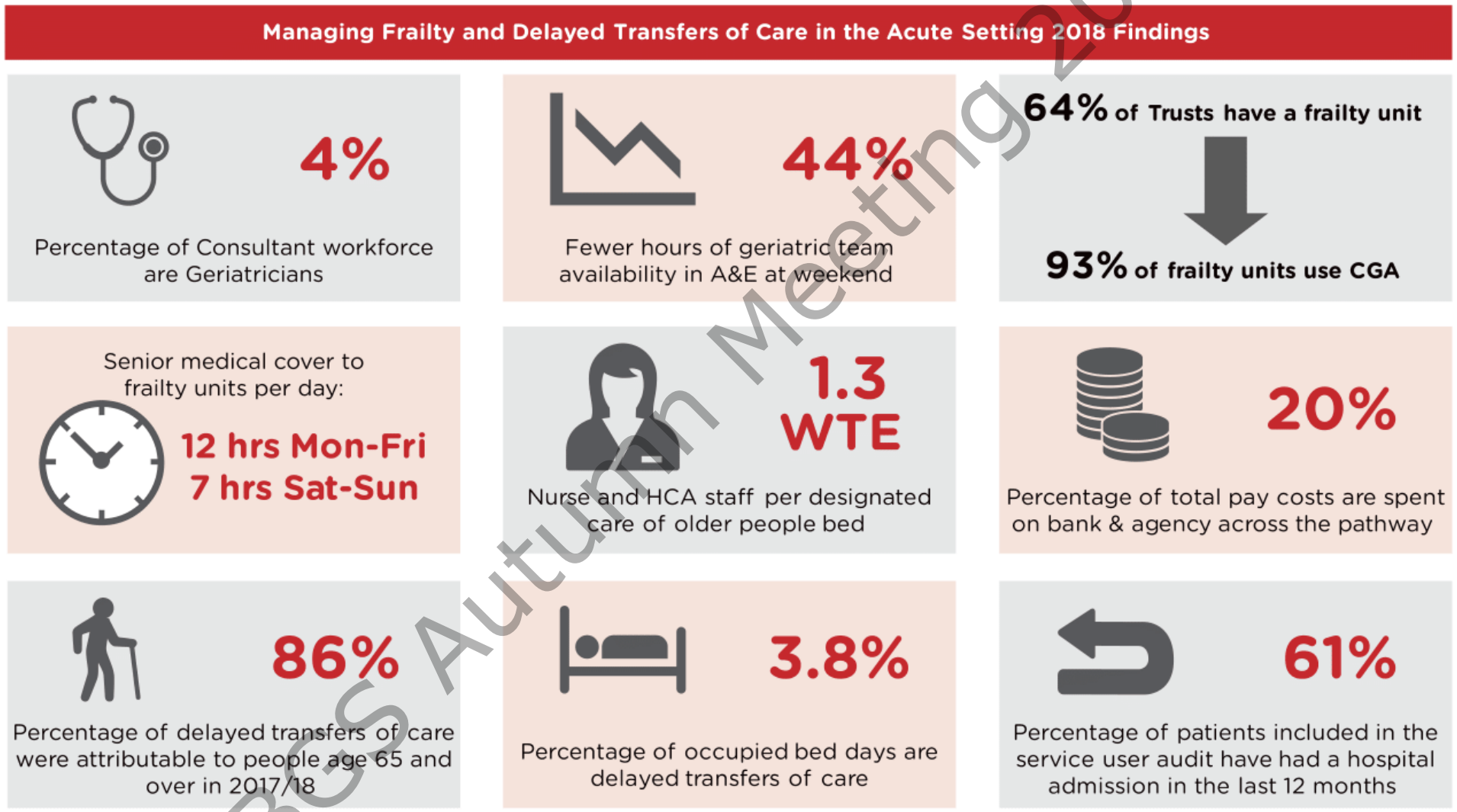
GIRFT GETTING IT RIGHT FIRST TIME

Informed by relevant NICE recommendations

NICE National Institute for Health and Care Excellence

BGS Autumn Meeting 2019

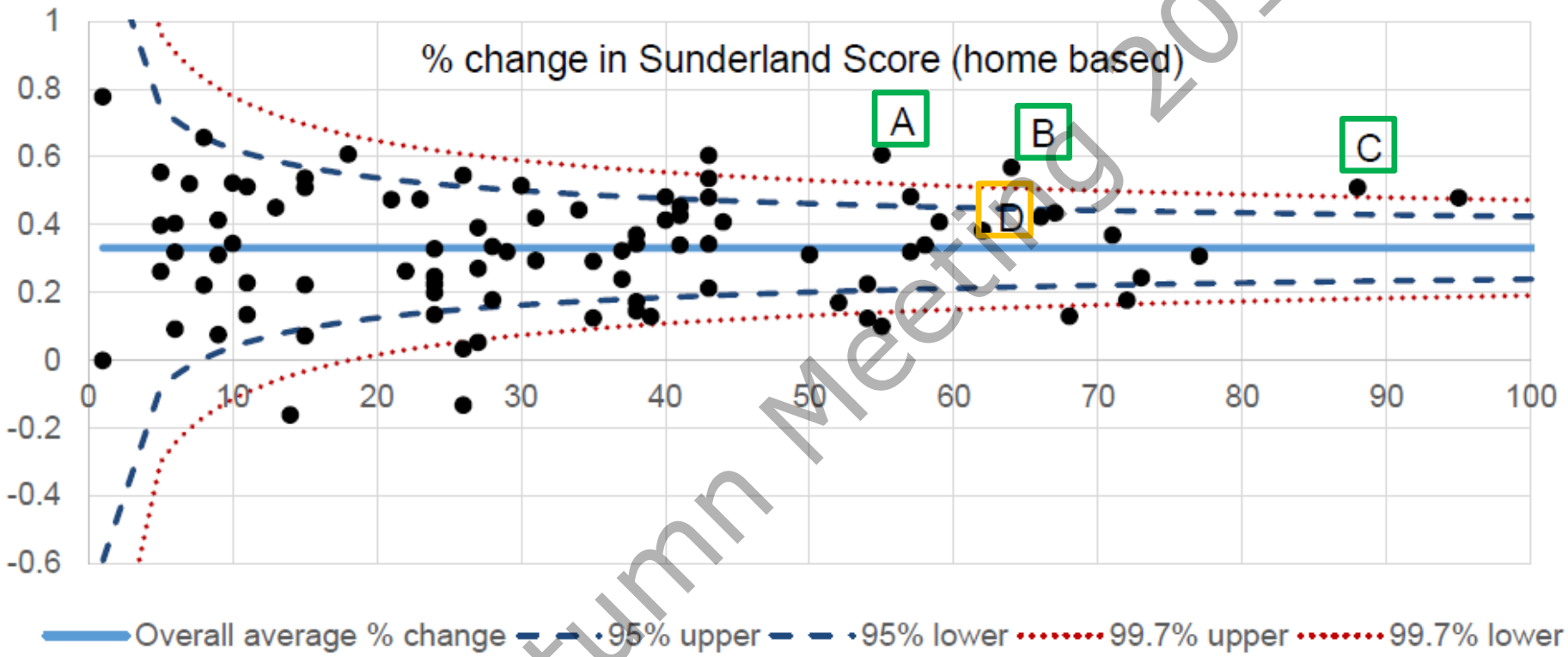
Ensure key resources are adequately configured *and* improving



NHS Benchmarking 2018

BGS Autumn Meeting 2019

Improving community services (positive deviance)



Funnel plot shows which **home based** intermediate care services were identified (NAIC 2015 data) as positively deviant. A control site with an above average percentage change in Sunderland Score (functional outcome measure) was chosen. The control site had a similar sample size to the three chosen positively deviant sites. three positively deviant sites (A-C) and one control site (D).

BGS Autumn Meeting 2019

Improving community services (positive deviance)

Hypotheses	Metric
Bed based intermediate care services	
Exploitation of alternative funding streams	• Finance – cost per service user
Good communication and links with other providers in the ecosystem	• No metric
Simple commissioning structure	• No metric
Opportunities to feedback to management	• No metric
Proactive recruitment and putting in processes to try and retain staff	• Development of trans-disciplinary roles for staff • Use of the workforce flexibly • Vacancy rates
Involvement of family in care planning	• My family or carer was also involved in these decisions (about my care) as much as I wanted them to be – question taken from the PREM
More internal training and awareness programmes for cognitive impairment	• Will the service take service users with cognitive impairment • Screening for cognitive impairment
Carrying out home visits either prior to or shortly after discharge	Included in NAIC 2019 dataset

BGS Autumn Meeting 2019

Bed based intermediate care

Metrics tested at service level with NAIC 2018 data

The four metrics demonstrated a significant positive relationship with outcomes:

- **Number of disciplines who saw the patient**
-
- **PREM summary score (consolidated score which sums all components of the PREM questions)**
- **Screening service users for cognitive impairment**
- **Review of the care plan by the multidisciplinary team (MDT)**

Ageing Well summary plan on a page

	UCR		EHCH			Anticipatory Care	
Area	19/20	20-23	19/20	20/21	23/24	19/20	20/24
Accelerator sites		**7 sites**	**None**	**None**	**None**	**None**	**7 sites**
Rest of England	Support joint workforce planning link to EHCH	2hr crisis/ 2 day reablement 23/24 All UCR achieve by 2028/29	Support joint workforce planning Refresh of the EHCH Framework	Achieve roll out of elements in clinical elements 1-4 and 6 by end of 20/21	Achieve roll out of elements in clinical elements 1-4 and 6 by end of 20/21	Joint workforce planning link to EHCH and UCR % increase	% increase
Evaluation	CSDS to collate via additional collection	TBC CSDS v1.5	Baseline TBC	QI	TBC	TBC with PCNS	TBC with PCNS
Enabler activities	Pilot Clinical Assessment Services (CAS) will act as the single point of access	Clinical Assessment Services (CAS) will act as the single point of access by 2023	NHS Mail roll out	PCN Contract specification will roll out of a proportion of some of the elements 1-4 Community Services contract to be developed	PCN Contract specification will support roll out of a proportion of some of the elements 1-4		PCN contract supports Community Services contract to be developed
Community of practice	For all elements						

BGS Autumn Meeting 2019

What should be built into local 5-year plans?

1. **Strong, effective leadership**
2. **A realistic, simple plan** that makes sense to everyone
3. **Effective, sustained engagement** and communication
4. Empowered people and supported services
5. Sustainable relationships across services and sectors
6. Sustained focus on **service quality improvement**
7. Building capacity through skills, capabilities and local assets
8. **Measurable benefits to people** and communities

BGS Autumn Meeting 2019

Key planning milestones

- **27 September 2019:** Systems to share a draft of their plans, including detail on clinical priorities and trajectories. Regions, working with central teams, will use this information to build a national picture against our overall outcome goals, feeding back where adjustments are needed.
- **By 15 November 2019:** System plans should be agreed with system leads and regional teams, in consultation with National Programme Directors. Packages of future support from central teams to support delivery will also be agreed.
- By the end of **March 2020**: Provider and CCG plans for 2020/21, which are fully aligned with the system-level plans, to be submitted, along with agreed contracts between providers and commissioners. A further submission to demonstrate that plans and contracts are aligned between commissioners and providers will also be required.

Milestone	Date
Interim People Plan published	3 June 2019
Long Term Plan Implementation Framework published	**27 June 2019**
Main technical and supporting guidance issued	July 2019
Initial system planning submission	**27 September 2019**
System plans agreed with system leads and regional teams	**15 November 2019**
Operational and technical guidance issued	December 2019
Publication of the national implementation programme for the Long Term Plan	December 2019
Operational planning	Jan – March 2020

BGS Autumn Meeting 2019

Thank You!

Contact us

@AgeingWellNHS #AgeingWellNHS

@runnermandoc

england.ageingwell@nhs.net

BGS Autumn Meeting 2019