

The CIS Financial Model and its example for integration

1.1 The CIS service: the case for change

As part of the Better Care Fund (BCF) programme, North West London has been currently developing and implementing a Tri-borough Community Independence Service (CIS). The CIS lies at the heart of integrating care across health and social care, as it will deliver more rapid and responsive out of hospital care for people with acute needs which will be provided by health and social care teams working together in a co-ordinated way. It is critical to enable the shift in the care of patients from acute to community settings. The CIS provides a range of functions including rapid response and in-reach services to prevent people going or being admitted into hospital to support them in community settings, and rehabilitation and reablement which enables people to regain their independence and remain in their own homes. The service is currently delivered by a multi-disciplinary team of community nurses, social workers, occupational therapists, GPs, geriatricians, mental health workers, reablement officers and others.

1.2 The CIS financial model: the evidence-based integrated approach to support change

A business case was needed to support the case for change. As part of this process, we developed the CIS financial model in order to inform decision-making and support the case for new investment in the CIS in 2015/16 and beyond (by understanding the viability of the service). The current level of investment (£16.8m p.a.) on CIS is not sufficient to maintain a stable service and meet the need of the local population, as evidenced by the repeated bids for winter pressure funds each year to supplement the existing service. Undue reliance upon non-recurrent funding is not sustainable and limits the ability of the providers to establish a stable workforce plan.

The model estimates the financial costs and benefits of the new CIS service, incorporating links to and impacts on associated services (such as homecare, nursing and residential care home placements). The balance of activities, costs and related risk share across health and social care commissioners has been the subject of a negotiation process as part of the BCF planning process. The financial model has successfully informed and supported the decision-making process all the way through since its inception. The model has been co-designed with senior managers and built with the best possible available and most recent data sources from across health and social care. It has been developed through a structured process involving technical specialists and clinical input to verify the data and assumptions.

Over the first 12 months of operation of the CIS (starting in April 2015), it is predicted that the adult social care home spend will be reduced by approximately £3.3m across the three boroughs, by reducing both admissions and time spent (length of stay) in nursing and residential care settings and by also reducing the levels of care required by patients who will undergo intermediate care reablement services (reducing pressure on homecare budget indirectly). The system is also expected to experience a reduction of 5% over the planned Tri-borough non-elective and A&E

contract spend for 2015/16, which would result in approximately £4.5m of savings. This range of savings will outweigh the new investment needed to match the predicted increase in CIS demand to staff capacity requirements and service adaptations by approximately £3m, the predicted net savings for 2015/16 period.

1.3 The CIS conceptual model: the visual representation of what the model tried to achieve

The savings in CIS are delivered by supporting people in community settings (cost efficient measure) rather than in hospital or in care homes (more expensive). One of the key outputs of the financial modelling is the development of a conceptual model (see Figure 1 below). This explains, in visual terms, how the savings and costs will be generated based on the future flows of individuals across a number of interlinked services. Within the conceptual model, the services within the purple box represent the core components of the CIS service, as explained above. The conceptual model also highlights the existing flows of people that are to be reduced by the CIS service, represented by the black arrows. At a high level, the model shows that the CIS service will result in a reduction in care home placements and acute admissions, which in turn will increase the flow of people into the CIS and homecare as more people are treated in the community. The grey arrows indicate the targeted flows that will result in an increase in activity and costs.

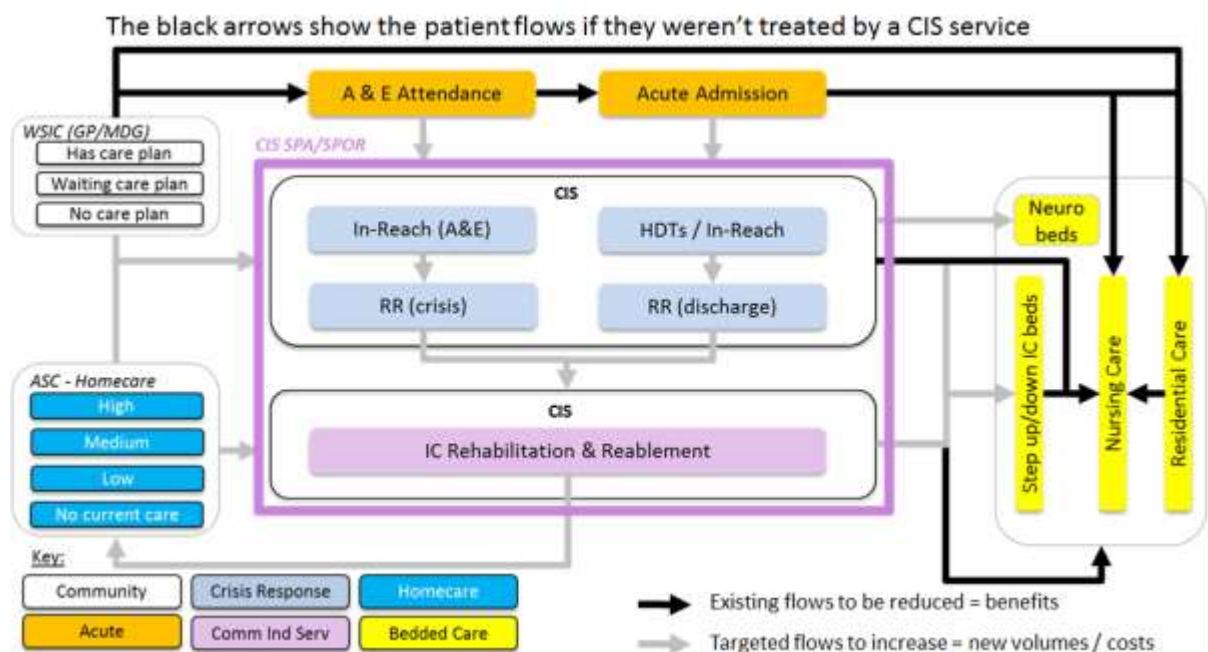


Figure 1: Conceptual Model – flow of people within the CIS system

Contact: Claire Kennedy, PPL Consulting
 Email: claire.kennedy@pplconsulting.co.uk