

Making the business case to commissioners

Malcolm Ramsay, Foundations



Commissioning issues affecting HIAs

- Supporting People into Area Based Grant
- Local priorities → commissioning strategy
- Commissioning for outcomes – but which ones?
- Integrated care and support pathway planning
- View that providers stuck in their respective silos – sheltered, homecare, residential, day care etc.
- Opportunity for market led creative solutions based on language of outcomes



Putting People First

LAC 2008(1): Transforming Social Care

Our Health, Our Care, Our Say

Our NHS Our Future

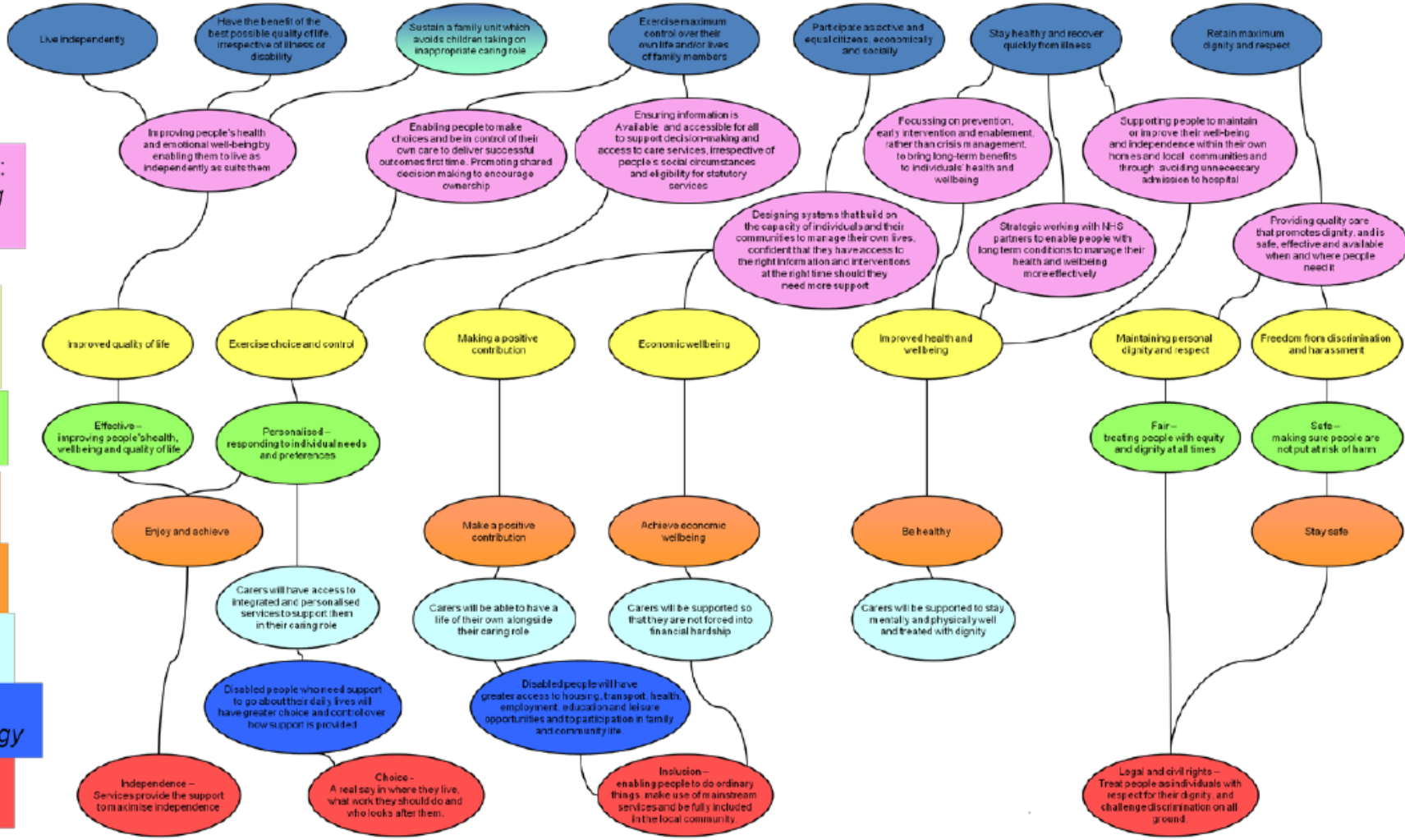
Every Child Matters

Supporting People

Carers' Strategy

Independent Living Strategy

Valuing People



CSCI domains

Dimensions of Quality



Mapping the aspirations and outcome frameworks of recent government initiatives

- Outcomes for individuals fall into five categories:
 - Quality of life
 - Choice and control
 - Inclusion and contribution
 - Health and wellbeing
 - Dignity and safety

Care Services Efficiency Delivery (CSED)

- Recognise the importance of housing to care and support efficiencies
- Current weaknesses/opportunities
 - Potential for generating efficiency offered by breaking the link between care/support and accommodation
 - Weaknesses in building the business case evident
 - Wider system understanding of the potential of housing under-developed
 - Lots of innovation but small scale and infrequently replicated



Care Services Efficiency Delivery (CSED)

- Developed concept of Support Related Housing
 - Partnership with National Housing Federation
 - A concept that builds on the idea of providing care at home and emphasises the need to integrate housing with health and social care
 - Showcased examples of innovative cash releasing schemes:
 - Supported housing, Hospital discharge, Floating support models
 - Strong emphasis on developing a business case



Willow HA case study

- Tackling delayed discharges in Brent, which were causing:
 - Deterioration of independent living skills during long hospital stays leading to increased demand for residential and nursing placements
 - Unnecessarily high DTOC reimbursements from Brent to the local hospital
 - Expensive NHS acute beds occupied inefficiently due to above average lengths of stay and avoidable readmissions to hospital
- Willow Housing Association offered a service to facilitate timely discharge from hospital



Willow HA case study

- Working with local authority hospital discharge team and occupational therapy team, Willow offered:
 - Housing related support, jointly agreed support plan. The support plan encourages clients to maintain independence in home regardless of tenure and helps them make planned decisions about alternative housing and practically supports the move if needed
 - Advocacy for client to help them access a wider range of support services
 - Cross agency coordination of support to facilitate a timely hospital discharge for people aged 60 or above

Willow HA case study

- Examples of support given
 - Advice on home aids and adaptations and help accessing grants etc
 - Referrals for telecare equipment
 - Referrals to specialists such as Age Concern
 - Benefits applications
 - Budgeting and debt management skills
 - Advice on housing options
 - Help getting electricity and gas supplies set up
 - Support with GP registration and prompting to attend key appointments
 - Emotional and other practical support when moving house, e.g to sheltered accommodation



Results

- Increased numbers of older people return to live independently after hospital
- Each client achieves jointly agreed support plan – quality of life issues
- 100% client satisfaction with service
- Reduced re-admissions to hospital and reduced proportion of older people supported in residential or nursing homes leading to savings for PCT and adult social care



Savings

- In 2005 the Audit Commission calculated this saved £35k of DTOC reimbursements for all 79 cases dealt with by service
- Ongoing support costs were £4,900 p.a. less per user after support from the hospital discharge service
- Net savings in the region of £420k p.a. assuming the sample of 20 cases we used was representative
- Budget for the Willow hospital discharge service was £41k

The message to commissioners

Councils first need to develop

- a detailed understanding of the support needs of their population,
- then identify and quantify the level of need that could be effectively supported in a range of different supported housing settings and, finally,
- determine which needs genuinely justify residential or nursing accommodation.

“This approach can then inform a commissioning strategy to ensure the right balance between residential/nursing care and support related housing and accurately justify a strategic shift in resources. “



Building a business case for HIAs

- **What the textbooks say:**
 - **Context** - Business objectives/opportunities, strategic alignment (priority).
 - **Value Proposition** – (what the customer gets for his/her money) Desired business outcomes, benefits, costs, ROI, and costs of not proceeding.
 - **Focus** - Problem/solution scope, assumptions/constraints, options identified/evaluated, scale and complexity assessment.
 - **Workload** - Approach, delivery plan
 - **Required resources** - Project leadership, governance, resources, funding.
 - **Commitments (required)** - Project controls, status reporting

Focus on key issues

- Context – how your service meets the commissioner’s objectives
- Value proposition
 - costs
 - benefits
 - desired outcomes
 - return on investment
 - cost of not proceeding



Scenario Planning Exercise

- All HIA services will be funded through health and social care budgets. We need to redesign the global model of HIA services to ensure survival.
 1. Produce a short strategy statement indicating how you would achieve this change
 2. Indicate your approach to demonstrating cost benefits across the (new) range of services
 3. Greatest challenge? Biggest opportunity?
 4. Help needed?

Summing up

- Clear government policy to encourage joining up of housing, care and support services
- Targeting and correct timing essential to realise potential of prevention and early intervention
- Services to become more person-centred, need for consortium-based delivery?
- Business case approach to commissioners
- Build evaluation and outcomes monitoring into process, focus on “results” over “experience”

Better outcomes, lower costs *(Heywood and Turner, 2007)*

Investing in housing interventions offers 4 routes to cost savings:

- Reducing or completely removing an existing outlay
 - Saving the cost of residential care, adaptation delays entry into residential care, saving £26k per person per year, less cost of adaptation (average £6,000)
 - Reducing the cost of home-care, with adaptations reducing the need for daily visits (savings from £1,200 to £29,000 per year)
- Preventing an outlay which would otherwise have occurred
 - Preventing hip fractures from falls
 - Preventing other health costs, e.g. timely discharge from hospital
- Saving through prevention of waste
 - Delays leading to more costly options or money spent with no useful outcome
- Saving though better outcomes for the same expenditure

Evidencing the value of HIA services for health and social care commissioners

- Supporting People Benefits Realisation Local tool (CLG/Capgemini)
- BRE/CIEH HHSRS Cost calculator tool
- Health Impact Assessment of Decent Homes Delivery in Private Sector Housing (led by Rochdale)
- Local adaptations vs. home care package calculator
- Handyman services evaluation
- Local evaluations of HIA services
- Methodology to convince clinicians - Aimwell Mk 2?

Adaptations

Microsoft Excel - FINANCIAL ASSESSMENT dm draft

File Edit View Insert Format Tools Data Window Help

Type a question for help

Calibri 11

D2 annual costs

	A	B	C	D	E	F	G	H	I	J	K	L
1	Care package without adaptation (gross costs)						Care package with adaptation (gross cost)					
2	service	Number of visits/Units	weekly costs	annual costs			service	Number of visits/Unit	weekly costs	annual costs		
3	Home care internal		£ -	£ -			Home care internal		£ -	£ -		
4	home care external		£ -	£ -			home care external	10	£ 87.00	£ 520.00		
5	respite weeks per year		£ -	£ -			respite		£ -	£ -		
6	day care days per week		£ -	£ -			day care		£ -	£ -		
7	transport		£ -	£ -			transport		£ -	£ -		
8	residential care	1	£ 359.00	£ 18,668.00			residential care		£ -	£ -		
9	nursing care		£ -	£ -			nursing care		£ -	£ -		
10	direct payment		£ -	£ -			direct payment		£ -	£ -		
11												
12	Total	1	359	18668			Total	10	87	520		
13												
14	Estimated Client Contribution											
15			Weekly Charge	Annual Charge					Weekly Charge	Annual Charge		
16	Without Adaptation		£ 100.00	£ 5,200.00			With Adaptation		£ 50.00	£ 2,600.00		
17												
18	Net Cost to WCC		£ 259.00	£ 13,468.00			Net Cost to WCC		£ 37.00	-£ 2,080.00		
19												

Calculations Standard Costs Sheet3

Ready

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