The LTC Year of Care Funding Model

6th September 2012
Integrated neighbourhood Care Team
Primary drivers

• Systematic risk profiling of population

• Integrated locality care teams including social care, community services, allied health professionals and general practice

• Maximising number of patients who can self manage through systematic transfer of knowledge, and care planning
Scope of the Year of Care Funding Model

Illustration of initial scope

Phase 1 – Year of Care includes:

- integrated health and social care teams,
- community services (including specialist support),
- free social care services,
- third and independent care providers of health and social care,
- unplanned acute care relating to LTC,
- and elements of post-discharge 30-day social care services

Primary care and ambulance support (resources and outcomes) are linked but distinct.

Wider social care support (resources and outcomes) is linked but distinct.
3 key elements

- Identifying and supporting people with LTCs
- Developing costed pathways of need
- Commissioning and contracting of the model
To develop the system for identifying, assessing and classifying people with LTCs

AIM

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Y DRIVERS

SECONDAR
Y DRIVERS

- Identify population that would benefit from this model
- Agree an integrated needs led assessment framework
- Agree categories of support
- Define typical pathways per category of support

- Agree the LTC Cohort
- Agree method of using Risk Profiling Data to identify categories
- Agree sharing of data to support cohort
- Agree common assessment tool
- Map assessed level of needs as categories of support
- Agree common assessment processes and people involved
- Agree categories:
  - Numbers
  - Definitions
- Understand profiles of categories
- Understand and allow for (progression/deterioration) change in category of support
- Define units of care
- Agree “buckets” of care

Reflections:
To define the year care budget and costing pathways.

Driver diagrams – Define the Year of Care Budget and Costing Pathways

**AIM**

**PRIMARY DRIVERS**

- Define current spend on LTCs
- Define Year of Care budget according to agreed scope of patient cohort and services
- Define methodologies and currencies to establish costs
- Cost future pathway

**SECONDARY DRIVERS**

- Define organisations included/excluded
- Define total spend and split by organisations included/excluded
- Define services included/excluded
- Define spend by service included and excluded
- Ensure clarity on the patient cohort
- Define service total by organisation and by service
- Define inclusions/exclusions by organisation and by service
- Understand activity levels and types of activity by provider
- Define consistent costing detail required
- Define basis for calculating costs
- Agree method for linking data
- Define units activity and unit cost
- Map cost of current pathway
- Review total spend against actual cost
- Impact assessment of future pathways
- Define unit costs of new ways of working
- Understand the RRR element of the pathways
- Define costs of pathways according to need

Reflections:
To develop the Commissioning and Contracting mechanism for the model.

**AIM**

**PRIMARY DRIVERS**
- Define and agree a set of locally owned outcomes
- Develop commissioning mechanism
- Developing contracting mechanism

**SECONDARY DRIVERS**
- Identify and align outcomes from national and local outcomes framework
- Define and agree core categories and individual outcomes
- Identify stakeholder leads for agreed outcomes
- Evaluate current baseline for agreed outcomes
- Clarify needs assessment and scope (from Identifying and Supporting Patients group)
- Develop, identify and agree a range of integrated service models to commission
- Develop an implementation plan including transitions from current to new
- Develop and implement a monitoring framework
- Design a mechanism for market development and market management
- Clarify tariff recommendations (from Identifying and Supporting Patients and Costing pathways groups)
- Develop. Identify and agree a range of integrated models for contracting that capture the local commissioning intentions
- Develop an implementation plan for contracting
- Develop and implement a contacting monitoring framework
- Develop the procurement strategy
- Identify and agree risk sharing arrangements

**Reflections:**
To develop the systems architecture for the model

**AIM**

**PRIMARY DRIVERS**
- Integration for Care Co-ordination
- Costing Information
- Needs Assessment
- Practical Implementation

**SECONDARY DRIVERS**
- Adopt NHS Numbers
- Shared care plan
- Directory of services
- Electronic summaries
- Link with QIPP DTV

Reflections:
To secure and maintain agreement to test the implementation of the Year of Care Funding Model

**AIM**

**PRIMARY DRIVERS**

- Identify and agree a model for effective stakeholder collaboration
- Agree a high level strategic vision and direction

**SECONDARY DRIVERS**

- Identify and map stakeholders:
  - Strategic
  - Operational
- Agree governance and high level working arrangements
- Identify and agree high level benefits and risks
- Identify strategic stakeholder leads
- Develop communication and engagement strategy
- Obtain high level ownership of Year of Care
- Agree the mission statement/milestones/objectives

**Reflections:**
Achieving the future state – Primary Drivers

- Secure and Maintain agreement to test the implementation of the Year of Care Funding Model
- Identify and agree a model for effective stakeholder collaboration
- Define the Year of Care Budget and Costing Pathways
- Define current spend on LTCs
- Cost future pathway

- Identify and supporting patients
- Agreed an integrated needs-led assessment framework
- Agree population that would benefit from this model
- Define categories of support

- Agree a high level strategic vision and direction
- Agree categories of support

- Define Year of Care budget according to agreed scope of patient cohort and services
- Define and agree a set of locally owned outcomes

- Developing commissioning mechanism
- Develop commissioning mechanism

- Integration for care co-ordination
- Needs Assessment
- Costings Information
- Data Quality
- Practical Implementation

- Systems architecture

- Commissioning & Contracting
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<tbody>
<tr>
<td>April 2012 – March 2013:</td>
<td>Test implementation of the model</td>
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<tr>
<td>April 2013 – March 2014:</td>
<td>Shadow LTC year of care currencies, and development of national pricing model</td>
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<tr>
<td>April 2014 – March 2015:</td>
<td>National LTC year of care currencies and shadow national prices</td>
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<td>April 2015 – March 2016:</td>
<td>National LTC year of care prices</td>
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Role of Early Implementers (EI)

Aim:
- 7 Early Implementers to test proof of concept of the Long Term Conditions (LTC) Year of Care Funding Model in 2012/13 initially

Expectations:
- Support to further develop and refine the model prior to wider testing and roll out (subject to evaluation).
- Full participation in all aspects of the model as set out by the national team
- Attendance of the project team (all necessary local leads) at national meetings
- Senior leaders sign up to facilitate the process locally and remove any organisational barriers
Key issues for senior leads

- Engagement and collaboration
- Data sharing
- Project support: meeting the leads
- Protecting pace and scope of project
- Removing barriers
Next steps

• Testing the elements of the funding model
• Regular briefings from your local project team
• 2\textsuperscript{nd} Workshop – 5\textsuperscript{th} December
• Next WebEx for Senior Leaders: 1 – 2pm, 27\textsuperscript{th} February 2013