

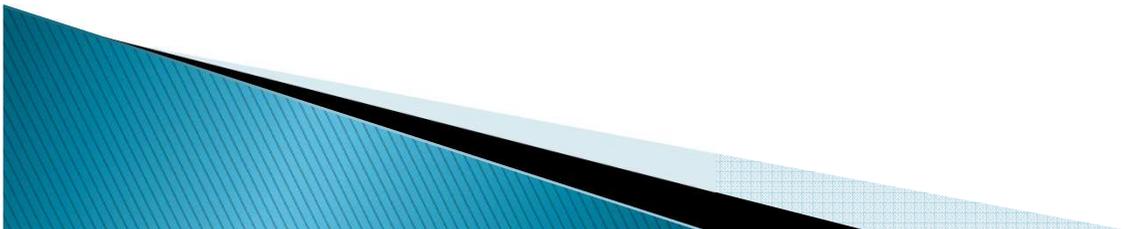
FRAIL ELDERLY PATHWAY

Berkshire West Health and Social Care System



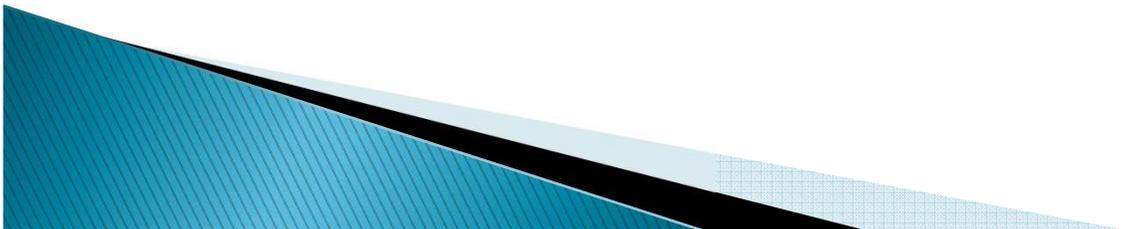
Some Context

- ▶ Connected, inter-dependent Berkshire west health and social care system
- ▶ Strong tradition of partnership working (Berkshire West Partnership Board)
- ▶ Pioneer bid
- ▶ Commitment to whole system integration



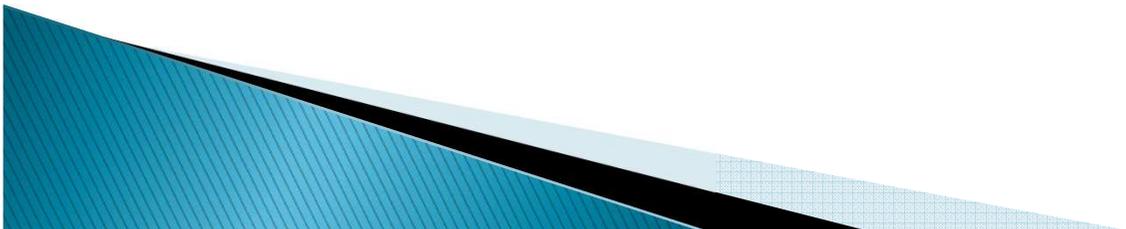
Drivers

- ▶ Demographic pressures across the system
- ▶ Scale of frail elderly costs
- ▶ Costs and sustainability
- ▶ Austerity – fiscal strategy
- ▶ Long established policy aspiration for health and social care integration
- ▶ Better Care Fund



What is the frail elderly pathway?

- ▶ A design or template for responding to health and care needs for 'Sam', a frail elderly person
- ▶ Describes what 'good' looks like from Sam's perspective
- ▶ Designed by stakeholders including patient voice, professional staff and the voluntary sector
- ▶ Supported by the Kings Fund



Expected outcomes

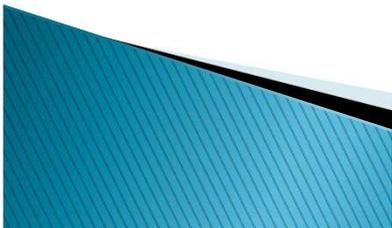
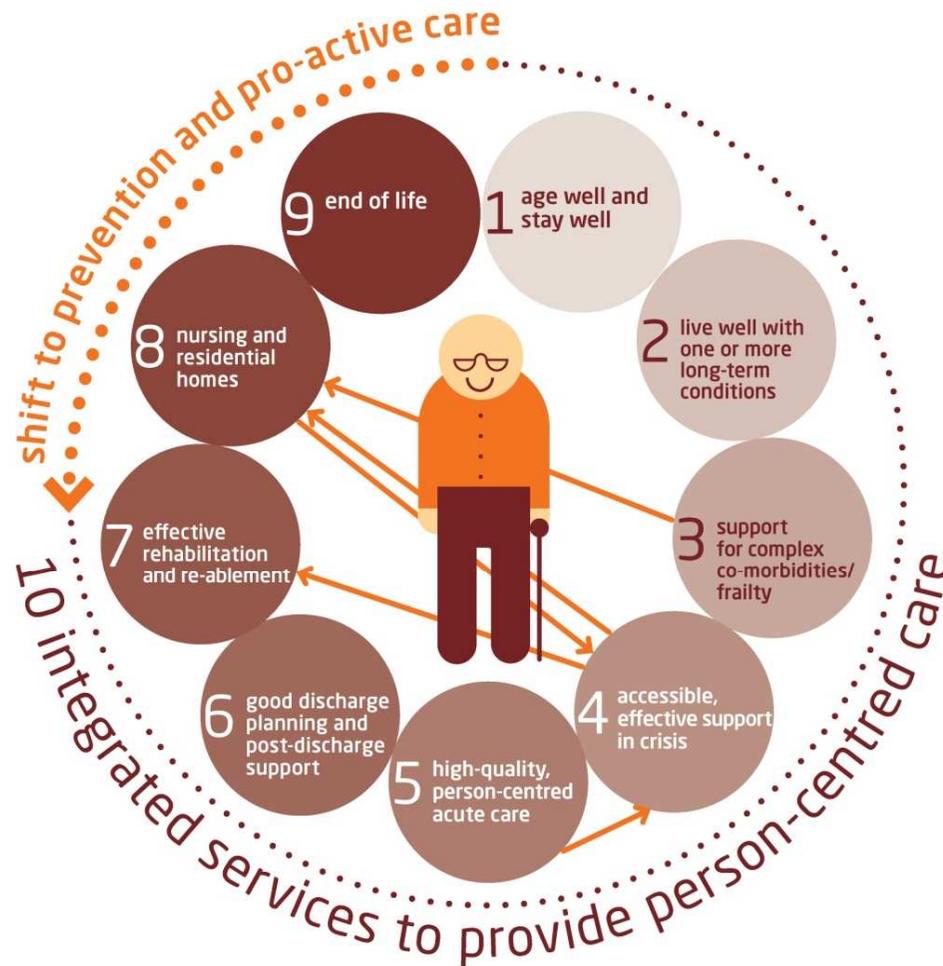
- ▶ Person centred, joined up response to Sam's needs through his later years life stage
- ▶ A new health and social care paradigm that is affordable and sustainable



Commitments

- ▶ To co-produce the pathway within the wider partnership and stakeholder group
 - ▶ To agree the pathway:
 - ▶ As a whole system at the berks west partnership board
 - ▶ As localities through health and wellbeing boards
 - ▶ As individual organisations through appropriate governance
 - ▶ To adopt and convert the design into operational form, including making any necessary delegations and organisational changes
 - ▶ To undertake economic modelling of the impact of the pathway across the system and to share risks and benefits
- 

What does good look like at each stage for Sam?



Underpinning themes

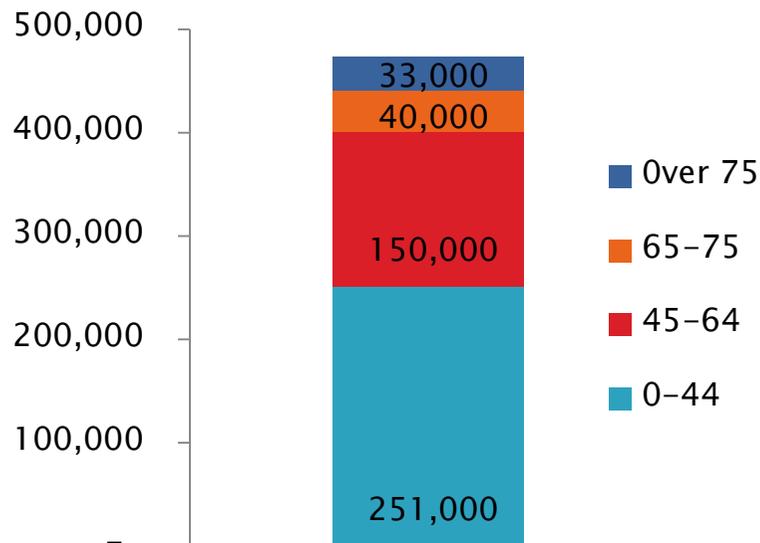
- ▶ Establishment of a central information hub which captures and shares information across everyone involved in the patient pathway
 - ▶ Care coordination by identified key worker
 - ▶ Generic care worker role delivering routine and consistent patient care in the most appropriate setting i.e. Not care task differentiation by agency but by patient need
 - ▶ Common assessment and care planning process: no duplication by multiple agents
 - ▶ Patient needs and wishes central drivers for care planning and delivery
- 

Understanding the elderly population in Berkshire West

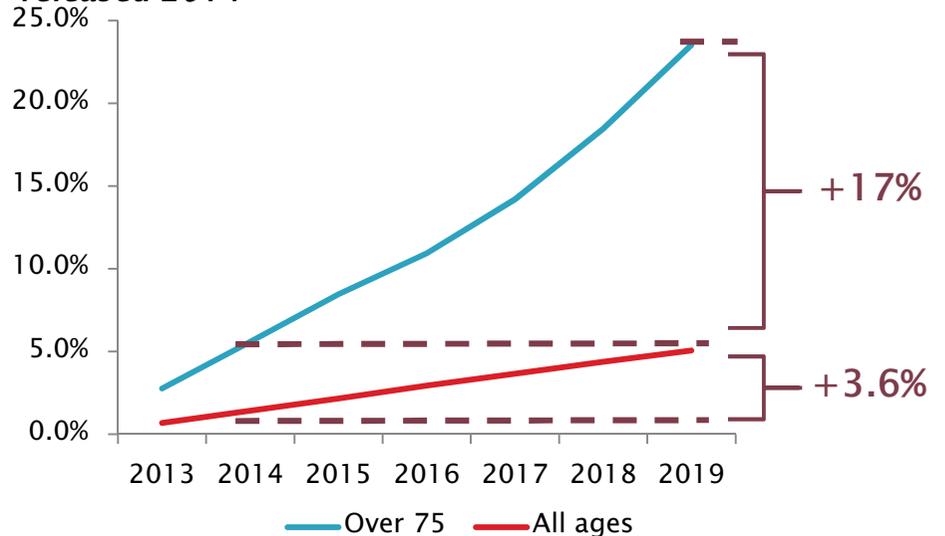
- The frail elderly cohort, for the purposes of this exercise, has been defined as ‘individuals over 75 years of age with one or more long term conditions’ (as agreed by the Steering Group and recommended by The King’s Fund).
- As shown in the graph below, over 75 year olds make up less than 7% of the population but, but this segment is expected to increase by 17% over 5 years.
- As shown overleaf, only a subset of the over 75 population meet the definition of frail elderly.

Berkshire West population statistics by age group.

Source ONS, released 2014

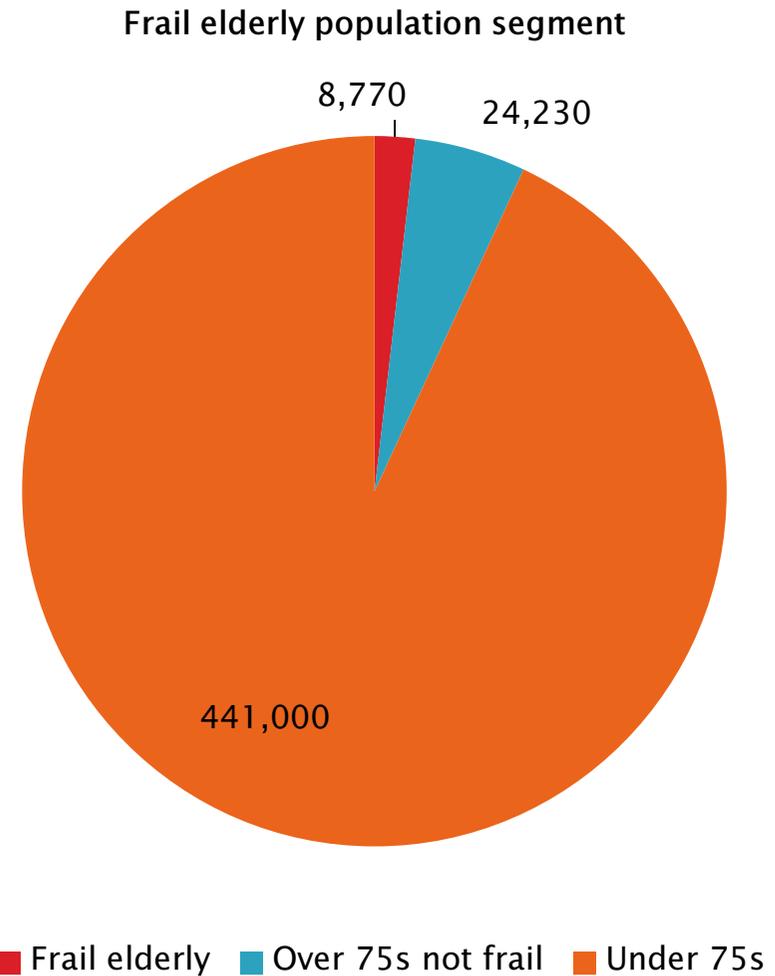


Change in Berkshire West over 75 population compared to all ages (cumulative). Source ONS, released 2014



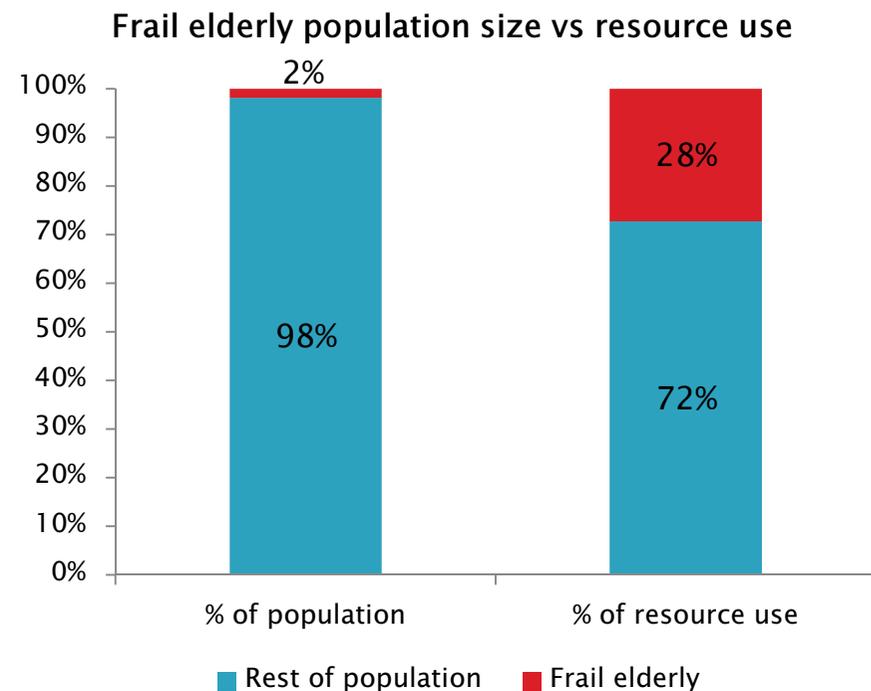
Primary care data tells us that 8,770 people in Berkshire West meet the frail elderly definition

- Primary care data was analysed to identify the individuals over the age of 75 who also had at least one relevant long term condition.
- The agreed long term conditions to identify the frail elderly cohort are listed in Appendix 1.
- ▶ This analysis identified 8,770 frail elderly. This is just 2% of the Berkshire West population. It should be noted that this number will need to be tested against other local health economies.
- ▶ The remainder of this section sets out our baseline of activity and costs associated with this population segment.



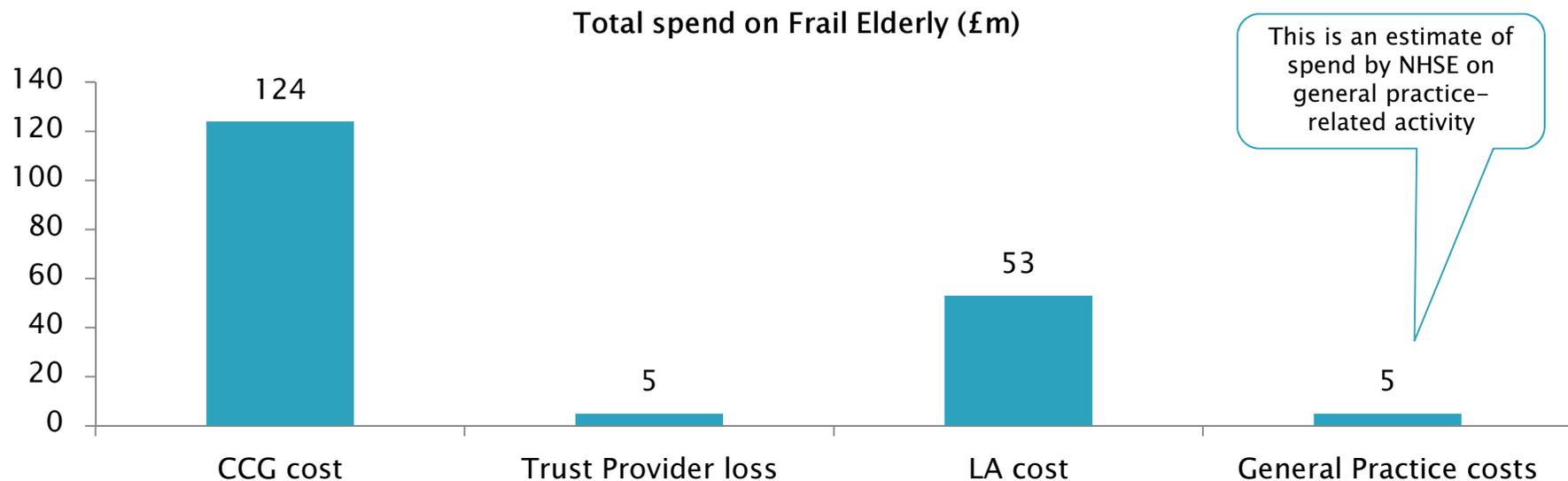
This 2% of the population accounts for circa 28% of the health and adult social care spend

- ▶ The frail elderly consume 28% of health and adult social care resource in Berkshire West.
- ▶ The breakdown of this spend by organisation and type is analysed in more detail over the following pages.
- ▶ It should be noted that the primary care activity data set and the health and social care spend datasets from BW10 organisations are not linked and hence may not relate to the same cohort of patients. The Connecting for Health programme is being taken forward by BW10 to address this issue.



- These figures include all over 65s adult social care spend.
- Filtering for LTCs was undertaken separately in each dataset, so the population covered is likely to be somewhat different in each setting.

Health and adult social care spend on the Berkshire West frail elderly population is £187m



- The total health and care spend on the frail elderly population is **£187m**; this includes an estimated £5m spent by NHSE on primary care (appointments and other contacts with general practice).
- Using the BW10 total of **£182m**, the frail elderly health and care cost per head is **£20,750** compared to **£1,070** for the rest of the BW10 population.
- To note, the frail elderly health and adult social care cost is based on the agreed criteria for the BW10 organisations that are the closest match to the agreed frail elderly definition and includes LA >65yrs, OP, A&E, community and MH >75 years and IP >75 yrs with specific long term conditions.