

Business Case

**High Intensity Use (Lead)**

**<<insert your locality>>**

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# The Business Need and Project/Programme Objectives

In <<insert your locality>> in 2020/21 there were <<insert no. of people>> XX people attending our A&E departments 5 – 10 times per year, equating to <<insert no. of attendences>> XX attendances costing <<insert value>> £XX and with <<insert no. of admissions>> XX A&E Emergency admissions costing an additional <<insert cost>> £XX totaling £XX.[[1]](#footnote-2)

With a significant <<insert value>> (£XXX) deficit in funding this year, <<insert your locality>> needs improvement initiatives to deliver a high return on investment with a degree of certainty, to meet this challenge.

This business case sets out how <<insert your locality>> can reduce the overuse of A&E services and save the associated costs by better supporting a relatively small cohort of its population and in doing so, further unlock health, social and economic benefits for its population.

The aim of HIU is make contact with those people who access care more than expected in this defined cohort and address the underlying reasons which are causing them to overuse health services. This national approach has proven to be successful in transforming lives of the people, supporting and thereby reducing their reliance on health services. Embedding a HIU service can help to reduce health inequalities, free up capacity at A&E, impact on ambulance waiting times and manage flow in other settings such as Mental Health, Community Services and Primary Care.

* *A&Es to universally* ***have access to*** *the support of an HIU service*
* ***Reduce health inequalities****, transform lives, increase clinical capacity and free up resources by supporting people and meeting the needs of those who frequently use of health services*
* ***Reduce health inequalities****, transform lives, increase clinical capacity and free up resources by supporting people and meeting the needs of those who frequently use of health services*
* ***Prioritise addressing demand management*** *in urgent and emergency care, with particular* ***focus on reducing Health Inequalities*** *by targeting Priority Wards*

# 2 The Recommendation

# The recommendation is: Option 3 *(for example - Option 3 taken from the table at* 5(below) *Options Appraisal* (Economic Case)

This proposal recommends that <<insert your locality>> recruits <<insert how many HIU Leads you are recruiting for>> XX HIU leads at a cost of approx.£60k per HIU Lead per year at a total cost <<insert value>> £XX pa, to work within the remaining localities across <<insert your locality>> without a commissioned service.

HIU services have already been commissioned to cover <<insert your locality>> <<insert your FTE already in post>> XX FTE) (if this is not applicable, please delete this sentence)

Better support of the highest tier of these service users (20+ attendances pa) could save an additional <<insert value>> £XX pa alone. The HIU leads would also work with the lower tiers of users with potentially even greater benefits.

# Executive Summary

The HIU support offer was first established in Blackpool in 2015. In 2018 it won the Kate Grainger award for Compasionate Care, and the programme and service has since spread across a large number of ICSs, with local health systems indicating implementation in development or discussion to progress this intervention. In 2019/20, NHS Operational Planning and Contracting Guidance set out that all health systems in England must implement a High Intensity Use service.

Attending A&E, or being admitted to hospital on a regular basis, comes at a high cost to the individual, communities and to the health system – something that this HIU business case aims to address. The proposed new service could provide appropriate, personalised care for patients and raise emotional support to a position of equal importance within the health service whilst also achieving a cost benefit.

A recent British Red Cross report titled ['nowhere else to turn'](file:///C%3A/Users/jobrien/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/ADWO52YS/Nowhere%20to%20turn%3A%20exploring%20the%20high%20intensity%20use%20of%20Accident%20and%20Emergency%20services%20%28redcross.org.uk%29) highlighted that high intensity use is greatest in areas of deprivation and across all age groups, it is associated with issues such as homelessness, being out of work, mental health conditions, drug and alcohol problems, criminality, and loneliness and social isolation. And we know that people who attend A&E frequently are significantly more likely to die than people who don’t attend so frequently. This approach offers significant opportunities to tackle our health inequalities, improve radically the lives of the service users and deliver increased economic benefit for the population of <<insert your locality>>.

Add in here details around any HIU schemes already in place across your ICB (please see example below)

(please contact england.improvementdelivery@nhs.net if you require any assistance in completing the below) Please delete this paragraph and table below if not relevant or Please delete this paragraph once complete

<<insert your locality / place>>

* Supporting approximately <<insert no. of patients>> XX patients per year
* Aim to reduce health inequities across <<insert your locality / place>>
* Provide fertile commissioning intelligence across all providers to identify unmet needs and pattern in gaps in provision
* Establish, utilise, and coordinate connections with multi-agency and existing professional services to negotiate a new way forward for individuals
* Funded for <<insert no. of months (if applicable)>> XX months from <<insert date>> Staffed by <<insert number of HIU Leads>>XX full time HIU lead

<<insert your locality / place>>

Insert in here details around any further HIU schemes already in place across your ICB

* ***Expenditure required for approval;***

Approval is sought for a <<insert value>> £XX per year contract totalling no more than <<insert value>> £XX from <<insert dates>> Month /Year to Month/Year (for example approx. £600k per year for 10 HIU Leads totaling no more than £12,000k from April 2021 – March 2022 and April 2022 to March 2023 based on one HIU lead per place – (please delete the example sentence once complete)).

<<1 lead approx. £60k, per yr per place>>

* ***Draft timeline; ‘To be completed once dates for approval are set’***

|  |  |
| --- | --- |
| Month/Year (add date) | Procure/Appoint HIU Lead  |
| Month/Yearto Month Year(add date) | Set out requirements and mobilise  |
| Month/Yearto Month/Year(add date) | <<complete this box accordingly>>  |
| Month/Yearto Month/Year(add date) | Evaluation / value add |

# 4 Strategic Case

The High Intensity Use (HIU) service offers a robust way of reducing frequent use activity primarily to A&E and non-elective admissions. This HIU approach can also contribute to reducing other avoidable unscheduled care alongside the healthcare navigator and social prescribing models of care. What makes this service different to those offers however, are the criteria that determine who is supported. Predominantly working with those who are experiencing crisis regularly, and presenting at or being conveyed by ambulance to A&E services.

In <<insert No. of areas in your locality>> (for example 5 of the 10 localities in) <<insert your locality>> inequality is improving however, in (for example 8 out of 10) localities there is more to be done. Evidence shows HIU service users are often those experiencing inequality in their care or have fallen through the net of existing support mechanisms.

Across <<insert your locality>> <<insert no. of people>> XX people attended A&E more than 20 times in the year 2020/21 – this made up <<insert no. of attendances >> XX attendances. A further <<insert no. of people>> XX people attended A&E

more than 5 times in the year, as shown in the table below, together with the associated costs of this use.[[2]](#footnote-3)



\*this is calculated via an average based on the minimum and maximum admission data from NCDR

This programme helps to free up front line resources to focus on other patients and reduce costs. It uses a health coaching approach, targeting high users of services and supports the most vulnerable individuals within the community to flourish, whilst making the best use of available resources. Therefore, the benefits available to the population and health economy keep repeating. This will contribute to the sustained reduction in A&E attendance and subsequent admissions.

The local ambulance service work with frequent callers to 999 so this proposal is to concentrate on a different group of people who access A&E and have high non-elective admissions (or other). The ambulance service don’t have sufficient resources to support this wider group of patients in the depth required for sustained change

and so a more dedicated resource to address high intensity use more effectively is required.

Implementing this model of a HIU service has been evidenced to reduce spend and improve health inequlities. We also have a growing body of individual case studies and testimonies demonstrating the value and positive impact on people this service is making.

The main objective of the HIU Service is to identify those at greatest risk of A&E attendance and non-elective admissions and proactively manage a rolling cohort of these clients using a one to one coaching model to transform mindset and behaviours.

Key features of the service are:

* Supports ICSs to deliver their Joint Forward Plans to meet their key aims of:
	+ Improving outcomes in population health and health care
	+ tackling inequalities in outcomes, experience and access
	+ enhancing productivity and value for money
	+ helping the NHS to support broader social and economic development
	+ Uses a **1:1 coaching approach**
	+ Providing services for this cohort of HIU is evidence that can be used by ICBs in producing their Joint Forward Plans
	+ HIU services **provide meaningful support** for people who are vulnerable and access Urgent and Emergency Care services frequently, addressing issues and challenges in a compassionate and supportive way. ​
	+ HIU **provides a service to manage urgent and emergency care demand*​***

**Key risks**

**Critical Success Factors in Implementing a HIU service include:**

|  |  |
| --- | --- |
| **(Risk) Factor** | **(Mitigation) Why this is important**  |
| HIU Leads have the right blend of professional and personal skills | Careful selection and ongoing support of HIU leads is critical to the success of the service. Working with delivery partners such as the BRC who can provide expertise in selection and ongoing skills and resilience support will help to ensure that staff maintain their wellbeing. |
| Activity does not reduce for target cohort | Adequate training, mentoring and coaching for HIU leads is essential for longevity of the service and to obtain results expected. Regular checkins with HIU leads is required from the ICB or provider to offer support and guidance. The National NHSE team can also offer specific guidance in addition, if required.  |
| Working with this cohort of our population can be extremely demanding and exhausting, particularly if only one worker is employed, so there can be risk of burnout of the worker. | Opportunity for increased resilience and peer support if more than one area implements the same model and shares recruitment and training tasks, or commission the role within part of an existing community team to provide resilience & support.Opportunity to join nationally convened tap-in sessions on a regular basis to access support, share best practice, etc. |
|  |  |
| Information Sharing Agreement and Consent Forms in place | Essential these are in place prior to commencement of the HIU lead and data of the individuals to work with already available before service starts to ensure no delays in mobilisation. |

#

# 5 Options Appraisal (Economic Case)

|  |  |  |
| --- | --- | --- |
| Option | Cost | Risks and Benefits summary |
| 1.Do nothing  | Zero (current contracts in Stockport and Tamside & Glossop) | HIU coverage use in Stockport & Tameside with no coverage across the rest of the ICS. Opportunities to reduce A&E conveyance attendance and admissions missed and health inequalities continue to widen. Existing services do not benefit from an increased critical mass of HIU leads in GM that could provide peer support and additional resilience for the service. |
| 2.Internal (make) | Marginal or zero, depending on level of training and ongoing support.Opportunity cost of any delay in mobilising the service | Developing a HIU scheme internally or from existing rescource may take more time to establish, including support and training to follow the developed approach. Issues around recruitment of FTC / permanent staffing may arise dependant on funding approved.There is a risk that staff delivering this service in-house are at risk of being diverted to other priorities, and therefore the service is undermined. There is little opportunity to benefit from economies of scale or improved resilience that a commissioned service could provide. |
| 3.External(buy)  | approx. £60k pa (£120k per 2 years – this is for 1 x HIU Lead).Based on recommended option of staffing: <<insert value>> £XX paPotential benefits of savings in lead time and opportunity to more responsively impact patient needs | There is an oportuntiy to commission HIU servces across eight places either indivually or at an ICB level. Reduce demand and address Health Inqualities. Singular basis ICS footprint (Greater Manchester). The service can be launched and delivered within potentially shorter timescales utilising the assets and expertise of an established commissioned service provider such as the Red Cross. This would start to deliver improved financial and health inequalities benefits in a shorter timescale, and without utilising existing clinical front line resource. Additionally there are likely to be wider economic benefits to both the individual and at a population / system level to Greater Manchester |

# 6 Commercial Case

***At an ICB level and Individual Place level Cost***

£60k Per place, per year

A **two year** contract totalling no more than <<insert value>> **£XX** (i.e. approx. £60k pa for 1 x HIU Lead over 2 yrs) from Month/Year to Month/Year

<<add option here for 1 or 2 x leads per place>>

# 7 Financial Case

In the 2022/23 system allocations, a further £200 million has been made available also distributed using the health inequalities and unmet need adjustment. There are no specific requirements associated with this additional funding. The additional funding should help systems to maintain work to reduce health inequalities, such as the core20PLUS5 approach, while achieving financial balance and elective recovery. Funding from this pot could be directed to support a HIU programme across <<insert your locality>>.

Experience shows that a single HIU lead can manage a rolling cohort of around 15 people per month. On average people require intensive support for around 3 months – therefore a manageable cohort of people that a single lead can handle at any one time is around 40-45. Based on the top tier (20+ attendances pa) the staffing model could be optimally sized as follows:

|  |  |  |
| --- | --- | --- |
| *Geography* | *Number of HIU service users with 20+ attendances (and total attendances) 2020/21* | *Recommended staffing level for HIU leads* |
| <<insert your locality (place, if more than one area)>> | *<<insert numbers>> XX (XX)* | *<<insert number of HIU Leads required >> XX*  |
| <<insert your locality (place, if more than one area)>> | *<<insert numbers>> XX (XX)* | *<<insert number of HIU Leads required >> XX*  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

This would mean a total of *<<insert number of HIU Leads required >> XX* HIU leads in addition to the *<<insert number of HIU Leads already working(If applicable) >>*  XX HIU leads already working in <<insert area / locality where HIU Leads are working>>.

If we commission a service for an additional *<<insert number of HIU Leads required >> XX* staff to cover the remainder of the system, and buy in that service to shorten mobilisation lead time and maximise the resilience and wellbeing support offer for these staff (the bought in solution), the financial impact for <<insert your locality>>

would be:

* A **two year** contract totalling no more than<<insert value>> £XX **investment** (i.e. approx. £60k pa for a HIU Lead over 2 yr £120k x 12 HIU Leads in addition to the current investment at <<insert area where HIU Leads are working>>.
* Delivering cost savings of <<insert value>> **£XX pa**, totalling potential **savings of at least** <<insert value>> **£XX** from the top tier of the HIU cohort of people supported. With potential to reduce additional overuse in the 11-19 and 5-10 tier of users.

A **two year** contract totalling no more than<<insert value>> **£XX** (i.e. approx. £120k pa for 1 x HIU Lead over 2yrs ) from Month/Year to Month/Year

# 8 The Management Case

Addressing the needs of the HIU cohort presents a significant opportunity that would improve capacity at the front line as well as more effective cost of delivery.

The High Intensity Use (HIU) service provides a de-medicalised, de-criminalised and human approach to better meet the needs of people who attend accident and emergency (A&E), or are admitted to hospital regularly. Each area of the country has a different system challenge in terms of starting data and identifying the most vulnerable individuals regularly attending A&E or being admitted to hospital. As such, there is no set threshold for this programme. High Intensity Use (HIU) is defined as: ‘Individuals accessing care more than expected’

By addressing the underlying reasons for accessing services, nationally the approach has proven to be successful in transforming lives of the people supported and thereby reducing their reliance on health services.

This requires significant, specialist, demonstratable experience in:

* Reducing A&E demand
* Health and Inequalities
* Investing in a non clinical workforce
* Freeing up clinical capacity
* ICB joint forward plans - opportunity to demponstrate activity leading to a reduction in health inequalities

**Measurable:**

* Identify those at greatest risk of A&E attendance and non-elective admissions.
* Proactively work with a rolling cohort of clients using a truly personalised approach.
* Reduce urgent, secondary, primary, mental health and emergency care contacts .

**More difficult to measure but essential:**

* Forming robust network of community health, social care, mental health and voluntary sector to affect change with clients, creating true integrated working.
* Providing a service driven by quality with positive human outcomes observed.
* Act as a conduit to negotiate and de-escalate issues before a crisis occurs; a situation which has historically led to a destabilisation of their condition and resulting in a 999 call / A&E attendance.
* Improving communication and partnership working between those involved in an individual’s care.
* Empower patients to self-manage to self-resolve life’s challenges.
* Drive equality and patient voice.
1. This data was taken from the National Commissioning Data Repository (NCDR) <<insert where data collected from if different from NCDR>>

[NCDR (ardengemcsu.nhs.uk)](https://ncdr.ardengemcsu.nhs.uk/)  [↑](#footnote-ref-2)
2. This data was taken from the National Commissioning Data Repository (NCDR) <<insert where data collected from if different from NCDR>>

[NCDR (ardengemcsu.nhs.uk)](https://ncdr.ardengemcsu.nhs.uk/)  [↑](#footnote-ref-3)