

Putting **People First**  
Transforming Adult Social Care



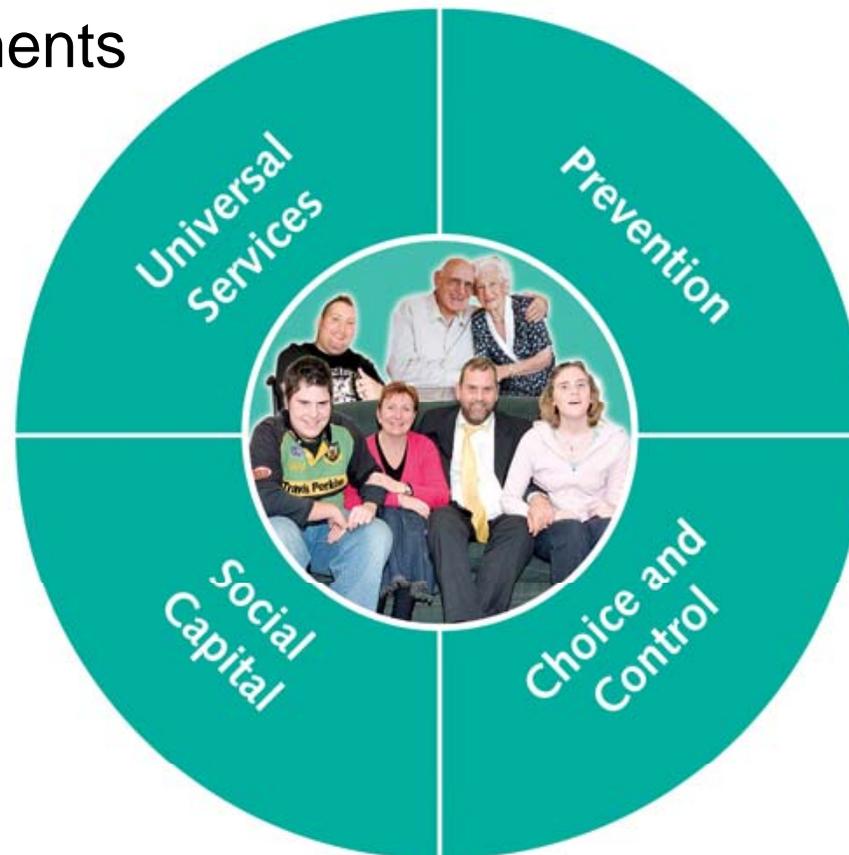
**Making a strategic shift to prevention and  
early intervention**

# 'Prevention'

- *Delay or reverse older people's deterioration / promote their independence and well being*
- *Reduce risk of crises and harm arising from them*
- *"Care closer to home" – i.e. to arrange for the least institutional or intensive intervention that is able to appropriately meet people's needs*

# Putting People First

- Four key, inter-dependent elements



# QIPP

- Four elements
  - *Quality*
  - *Innovation*
  - *Productivity*
  - *Prevention*
- Distinct, but inter-related.
- Ideal when different elements overlap – e.g. new care arrangements or service responses (*innovation*) result in a lower cost to output ratio (*productivity*) and provide a better experience of service and/or outcome for the patient (*quality*) which prevents the development of ill health or the deterioration in existing conditions (*prevention*).

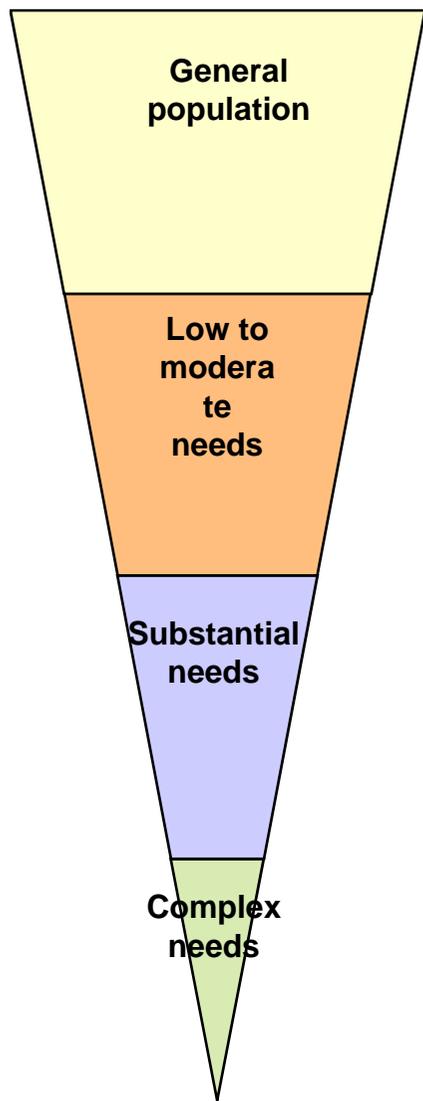
# Efficiency and Prevention



- *“Efficiency is achieved by bringing the right people into the right part of the system at the right time.”*

*John Bolton, Director of Strategic Finance, DH*

## Population 'needs'



## Example interventions

Citizenship	<ul style="list-style-type: none"> <li>• Involvement of older people</li> <li>• Tackling ageism – positive images</li> <li>• Equal access to mainstream services</li> <li>• Making a positive contribution, including volunteering</li> </ul>
Neighbourhood & community	<ul style="list-style-type: none"> <li>• Community safety initiatives, including distraction burglary</li> <li>• Locality based community development</li> <li>• Intergenerational work</li> </ul>
Information / access	<ul style="list-style-type: none"> <li>• “No door the wrong door”</li> <li>• Single point of access, self assessment, peer ‘navigators’</li> </ul>
Lifestyle	<ul style="list-style-type: none"> <li>• Active ageing initiatives</li> <li>• Public health messages, including diet and smoking</li> <li>• Peer health mentoring</li> </ul>
Practical support	<ul style="list-style-type: none"> <li>• Befriending and counselling</li> <li>• Shopping, gardening etc</li> <li>• Case finding and case management of those at risk</li> </ul>
Early intervention	<ul style="list-style-type: none"> <li>• Intermediate care services</li> <li>• Enablement services – developed from home care</li> <li>• Self care programmes</li> </ul>
Enablement	<ul style="list-style-type: none"> <li>• Integrated or co-located teams and/or networks</li> <li>• Generic workers</li> <li>• Case finding and case management of complex cases / LTC</li> </ul>
Community support for LTC	<ul style="list-style-type: none"> <li>• end of life care – enabling people to die at home</li> <li>• Management of unscheduled care</li> </ul>
Institutional avoidance	<ul style="list-style-type: none"> <li>• Hospital in-reach and step down pathways</li> <li>• Post discharge support, settling in and proactive phone contact</li> </ul>
Timely discharge	

### Outcomes:-

Improved quality of life  
 Increased choice and control  
 Economic wellbeing

Improved health and emotional well-being  
 Making a positive contribution  
 Freedom from discrimination or harassment  
 Maintaining personal dignity and respect

# Key learning and evidence



- **POPP sites appear to be having a significant effect on reducing NHS hospital emergency bed day use when compared with non-POPP sites.**

*National Evaluation Team – Interim Report 2008*

# Impact

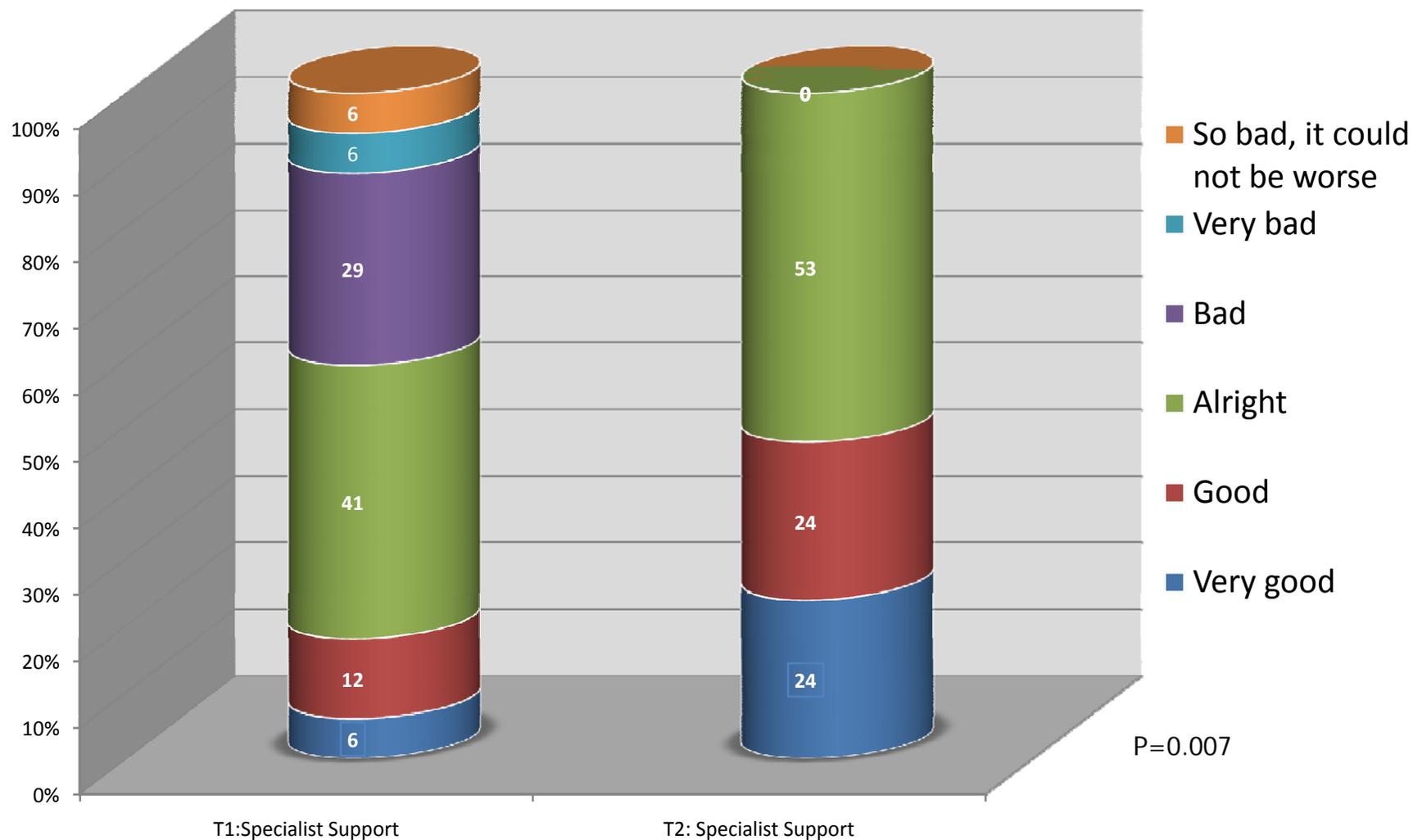
- Every £1 spent on preventative services produces (on average):-
  - **Service** to the individual to the value of £1
  - An additional benefit of (on average) £0.73p worth of **capacity gain** or **saving** from reductions in emergency bed days
- *The ‘savings’ effect seems to be most pronounced where interventions are specifically focussed on ‘hospital avoidance’ (eg rapid response, hospital in-reach, rehabilitation etc) - although the effect is also discernable even where interventions are ‘community focussed’ (e.g. befriending, practical assistance, peer support etc), though at a lower rate.*



# Service Use Changes & Costs

Service Use	Time 1 Mean Cost	Time 2 Mean Cost	Mean Cost Change
Service Use within Secondary Care	£2,516	£2,019	<b>-£497</b>
Service Use at Local Health Centre	£279	£315	<b>+£36</b>
Service Use in Own Home	£278	£329	<b>+£51</b>
<b>Totals</b>	<b>£3,073</b>	<b>£2,663</b>	<b>-£410</b>

# Self-Reported Quality of Life: Specialist Support



# Case study – case coordination



## **Brent Integrated Case Coordination Service (ICCS)**

- Joint health and social care team providing holistic person centred assessments of vulnerable older people (mostly on the border of or below FACS eligibility), then co-ordinates access to a range of mainstream and VCS services according to identified needs

## **Findings:-**

- Local evaluation suggests that ICCS is extremely cost effective in reducing hospital A&E attendances, emergency bed-days and falls
- In 12 months post referral:-
  - 2.4 to 5.9 fewer admissions
  - 14.2 to 28.7 fewer bed days
  - 2.8 to 7.8 fewer A&E attendances
- There is a dramatic reduction in falls – 34% reduction after 2mths and 90% after 5mths
- Assuming no other sources of savings, ICCS would break even if it prevented 5-6 bed days per client per year – in fact it appears to save between 14 and 29 bed-days

# Case Study – flexible community support

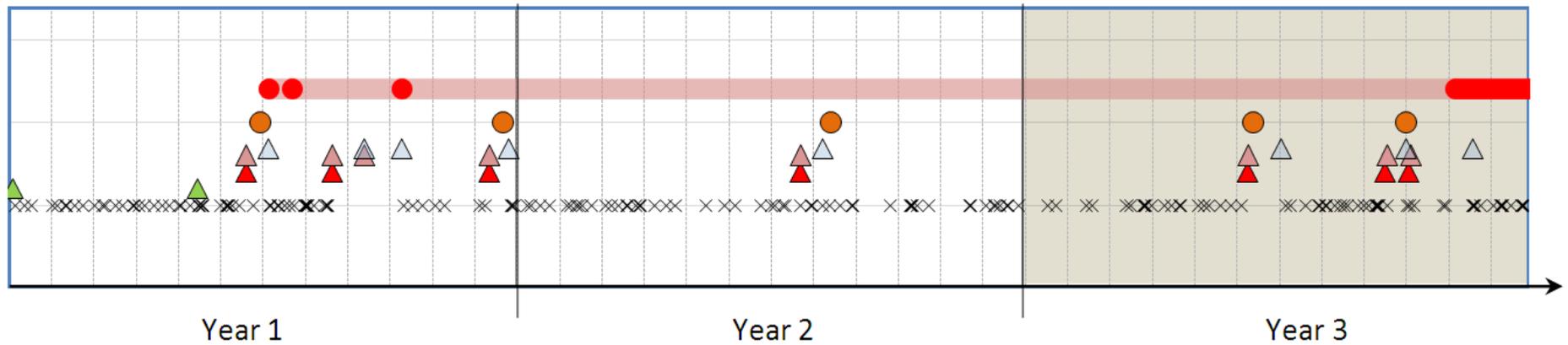


## Bradford Intensive Support Teams

Community-based flexible support to older people with mental health problems at risk of institutional care. Delivered over a 6 to 12 week period. Service users were those considered to be at risk of admission to hospital or long term care, or those requiring support to facilitate earlier discharge from hospital.

### Findings:-

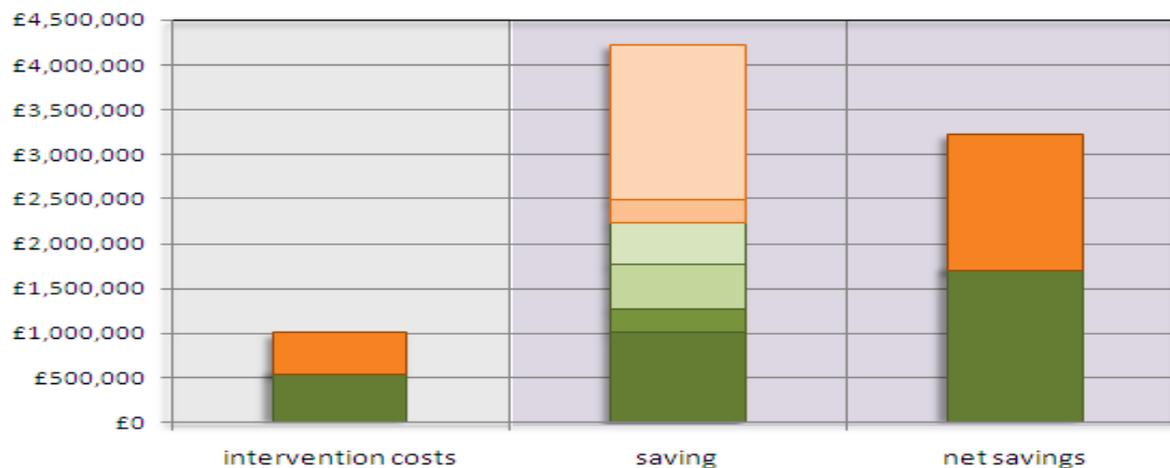
- 26% of users prevented from being admitted to a care home
- for further 13%, admission to hospital prevented or delayed
- 15% supported for timely discharge
- 29% reduction in home care hours immediately after intervention, levelling out at a 26% reduction one month after intervention
- projected to produce net savings of around £550k per annum when operating at full capacity.



*Health and social care event timeline* →

**Source – Nuffield Trust**

# Joint commissioning



Enter intervention cost per patient in risk segment per year

Select risk segment  (0 to 5)

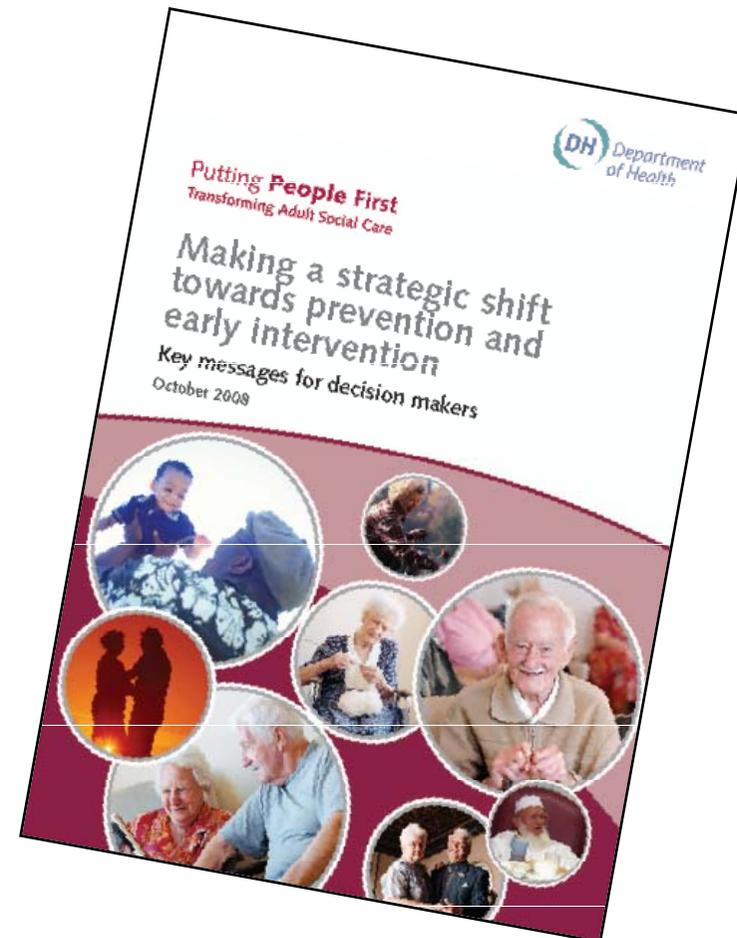
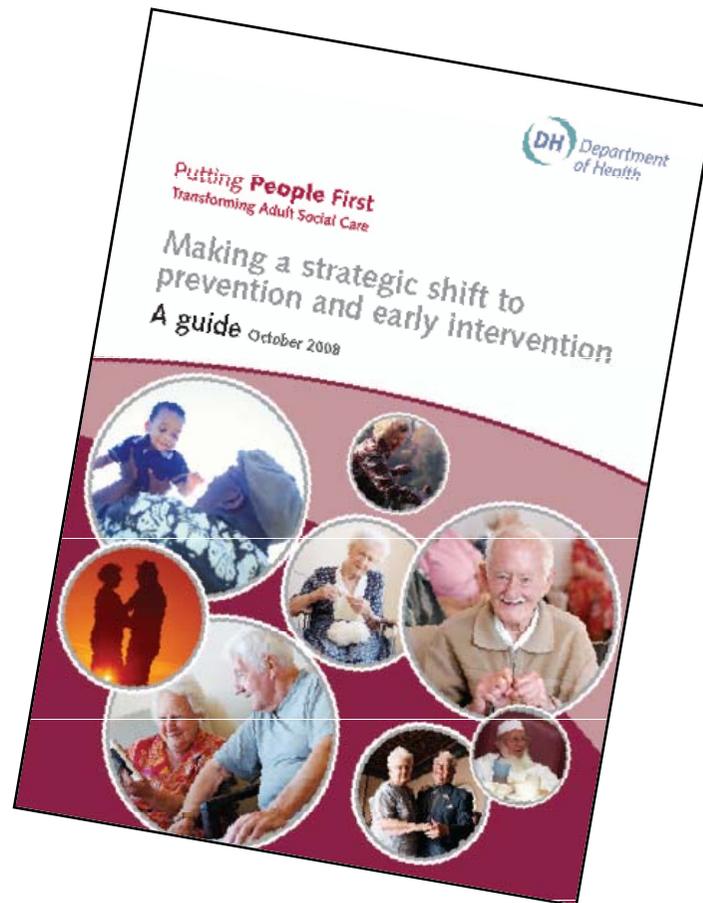
		number of events	estimated cost of event	impact of intervention (percentage)
NHS	IP emergency admissions	5,000	£2,000	10%
	IP elective admissions	3,000	£900	10%
	AE visits	10,000	£250	20%
	OP visits	45,000	£100	10%
LA	Intensive home care weeks	8,500	£200	15%
	Care home weeks	35,000	£500	10%

Source – Nuffield Trust

# Forthcoming

- Final evaluation report on the POPP programme
- Wider 'narrative' about the learning now available on prevention
- Film clips on some of the most effective interventions
- Business cases on some of these
- System modelling tool and workshops

# Further information



[www.dhcarenetworks.org.uk](http://www.dhcarenetworks.org.uk)

# Contact details



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