Rapid Response

Health and Social Care

Crisis Team

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Salford – the context

• Population 220,000
• Long history of joint working across Council/PCT
• Provide range of joint commissioning and services
  – Intermediate care
  – Teams for older people
  – Equipment, OT and Wheelchair Service
Salford – the context

– Learning Disability Services
– Drug and Alcohol Services
– Mental Health
– Health Improvement Teams
Intermediate Care

• Section 75 Agreements for Commissioning and Provision
  – Rapid response/Admission Avoidance
  – Supported discharge team
  – Community rehabilitation team
  – Transfer of care liaison team (joint discharge team)
Intermediate Care

• Reablement Services
  – Intermediate Home Care Team
  – 47 Nursing Beds
  – 26 Residential/Rehab Beds
  – Furnished Tenancies
  – COPD Team
  – Community Geriatrics (2-weekly sessions with Acute Trust)
Intermediate Care

Total investment £7.5m

NHS £4.5m

Local Authority £3m
What is Rapid Response?

• A crisis intervention team
• Designed to respond within 4 hours to any health or social care crisis
• Acceptance criteria – 18yrs /over, either a Salford resident or patient of a Salford GP
• Provide combined social care, therapy and health care in a patient’s own home
How does it work?

- Single entry point (SEP)
- Assessment in persons own home, A&E or Emergency Assessment Unit within four hours
- Tailored health, therapy +/ social package
- Team work with the individual to manage the crisis and start return to previous independence
- Links made to other community services to continue re-enablement as required.
- Maximum length of stay 14 days, average 5 days
How to fill gaps?

• The right team – who needs to be involved?
  » Health Authority
  » Salford City Council (social services and Housing)
  » Salford Community Trust
  » Salford Royal NHS Trust
  » General Practitioners
  » Greater Manchester Ambulance Service
  » Age Concern
How to fill gaps?

- Set up a multi-disciplinary service (managed under a single management structure):
  - Social Workers
  - Occupational Therapists
  - Physiotherapists
  - Nurses
  - Generic re-enablement workers
  - Team leader
How to fill gaps?

• One point of access – SEP
• 7 day service, City wide
• Information sharing (IT databases)
• Engaging Ambulance service
How to fill gaps?

• In Summary:

“a team that can step into a crisis and effectively support an individual and maximise their independence.”
Cost now?

• In 2008:
  
  » Health investment £534,536
  » Social investment £78,951
  » Total £613,487

• For 23.2 wte
• 1.2 wte voluntary staff
Cost effective?

• Which services are avoided by Rapid Response intervention?
  » 999 and Urgent Ambulances
  » Accident and Emergency
  » Unplanned acute admissions
  » Social emergency respite (residential/nursing home)

• The confusion around which services to access from the community not only creates poor patient pathways but costs time and money.
Cost effective?

• Last year 868 patients were treated with an average of 5.6 hours intervention

• Of this 340 clearly avoided services:
  » 307 avoided an Ambulance journey
  » 6 avoided an Accident and Emergency visit
  » 301 avoided an acute hospital admission
  » 39 avoided emergency respite care

  – This only accounts for 37.5% of patients seen, leading to an under estimation of cost savings
Health vs Social split

• Investment (2008)
  » Social 12.9% £78,951
  » Health 87.1% £534,536
  » Services avoided
    » Social 6.0% 39
    » Health 94.0% 614

• Money saved
  » Social 35.5%
  » Health 64.5%
• Services avoided
  – Worst scenario
    » Social 6.0%
    » Health 94.0%
  – Best scenario
    » Social 79.4%
    » Health 20.6%

• Savings achieved
  – Worst scenario
    » Social £378,749
    » Health £689,437
    » Total £1,068,186
  – Best scenario
    » Social £1,136,247
    » Health £2,068,311
    » Total £3,204,558
Quality outcomes

– 88% of patients are at home at the point of discharge

– 100% of patients agreed with the question:

“If you were in a similar situation in the future, would you be happy to remain at home with the support of the Rapid Response Team?”

..in a recent patient questionnaire.
Challenges…

• Joint funding
• Creating a truly health and social care multi-disciplinary team
• Communication with existing health and social services
• Single line management structure
What we would do differently

• Have a better marketing and communication strategy
• Set up a single line management structure with clearer lines of reporting from the offset
• Have an longer evaluation period to create a robust business case with measurable outcome goals
Summary

• The use of Rapid Response in Salford has created an opportunity to manage health and social care crisis in a joined up & innovative way

• The net savings to health and social care services are:
  from £1,068,186 to £3,204,558
Summary

- The savings are greater in health than social care

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<thead>
<tr>
<th>Cost of savings</th>
<th>Health</th>
<th>Social</th>
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<tbody>
<tr>
<td>% Split</td>
<td>64.5%</td>
<td>35.5%</td>
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- The services avoided are more expensive in social care

<table>
<thead>
<tr>
<th>Avoided services</th>
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Summary

- Patients prefer to stay at home if at all possible and the Rapid Response Team are able to achieve this while avoiding unnecessary admissions and optimising their independence.

- Rapid Response provides a better service to patients and saves money.