





# 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?

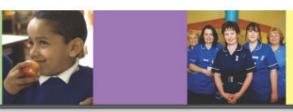
- A crisis intervention team
- Designed to respond within 4 hours to any health or social care crisis
- Acceptance criteria 18yrs /over, either a Salford resident or patient of a Salford GP
- Provide combined social care, therapy and health care in a patient's own home





#### 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





- 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







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







- One point of access SEP
- 7 day service, City wide
- Information sharing (IT databases)
- Engaging Ambulance service







In Summary:

" a team that can step into a crisis and effectively support an individual and maximise their independence."







#### Cost now?

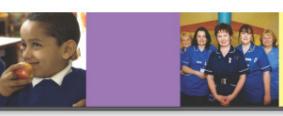
• In 2008:

» 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 multidisciplinary 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

Cost of savings	Health	Social
% Split	64.5%	35.5%

 The services avoided are more expensive in social care

Avoided services	Health	Social
% Split	94%	6%







### 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