



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

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Salford – the context

- Learning Disability Services
- Drug and Alcohol Services
- Mental Health
- Health Improvement Teams

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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)

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Intermediate Care

Total investment £7.5m

NHS £4.5m

Local Authority £3m

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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

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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

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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%

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- 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.

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Challenges...

- Joint funding
- Creating a truly health and social care multi-disciplinary team
- Communication with existing health and social services
- Single line management structure

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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**

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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