Integrated care for older people in South Warwickshire

Table 1: User experience of Early Intervention

|  |  |
| --- | --- |
| **User expectations** |  |
| Most users thought the assessment was either better or about what theyexpected it to be. | **78.13%** |
| ***Ease of use*** |  |
| Most users felt that the self-assessment was easy or very easy to complete. | **87.51%** |
| **Completion time**Users were overwhelmingly content with the amount of time taken to look at thosethings that were of concern to them. | **90.63%** |
| **Responses to the questions**Most users felt that the questions covered all the main areas that concerned them about their health and wellbeing. | **75.00%** |
|  |  |
| **Attractiveness of the help and information service** |  |
| Most users felt that the information given to them was either very or quite useful. | **75.01%** |
| ***Future potential and sustainability of the system*** |  |
| Most users said they would recommend it to people they knew. | **75.00%** |
| Others said they would consider recommending it.*’* | **21.88%** |

Table 2: Outcomes from community service re-design

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Pre changes** | **Post changes** | **Improvement** |
| Inpatient beds on Nicol Unit (Community Hospital) | 24 | 18 | ↓ 7 |
| Throughput, discharges per bed pa | 11.4 | 15 | ↑31.5% |
| Average Length of Stay | 33 days | 22 days | ↓33% |
| Proportion of admission prevention (step up beds) | 29.5% | 41.5% | ↑12% |
| Length of MDT meeting | 90-120 mins | 45-60 mins | ↓60 mins |
| Use of medication : proportion of patients receiving sedatives and antipsychotics | 60% | 25% |  |
| Use of medication : proportion of patients receiving antipsychotics | 20% | 5% |  |
| Falls per 100 bed days | 12.5 | 10.3 | ↓2.2 |
|  Average urgent admission prevention referrals accepted by Community Emergency Response team | 3 per week | 9 per week | ↑6 per week |
| Total numbers seen by Community Emergency Response Team | 150 ( predicted from baseline) | 559 | ↑ 409 |

Table 3: Outcomes from acute care re-design

|  |  |
| --- | --- |
| **Measure**  | **Improvement in older patients** |
| Discharge directly from Medical Assessment Unit | 7% increase  |
| Mortality | 15% reduction |
| Readmissions | 3% reduction |
| Discharge to nursing homes of those previously living at home | 15% reduction  |

Figure 1

Discharge to Assess Pathways and financial flows

Discharge to Assess – Proposed Pathways and Financial Flows

Medical Episode Complete - Unable to return home

Very high complexity

Up to 4 -6 weeks NH placement for comprehensive assessment

Self fund

WCC fund

CHC fund

= Health and Social care joint funding (Risk share)

= Social care funding

= Health funding

Medical Episode Complete - Unable to return home

Medium to high complexity

Up to 2 -6 week RH/NH placement for assessment –

Self fund

WCC fund

Red arrow denotes explicit change of funding of care pathway.

Medical Episode Complete - Able to return home

CERT/Reablement up to 6 weeks (may include an element of night-sitting service)

POC WCC fund (If delayed then fund IMC to provide service)

Self care/ fund

1

2

3