



Community Innovations

# **Community Innovations**

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Interfacing with Health



## Community Innovations

# Hampshire Model

- One of the key streams of work within Hampshire Model and Hampshire County Councils programme of personalisation.
- Focusing on early intervention and prevention.
- Targeting older people who do not currently meet Adult Services Department's eligibility criteria who may tip into crisis if nothing is done.



# Why early intervention and prevention?

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## **Changing Demographics:**

- Between 2000 and 2031 numbers people over 65 expected to increase from 787,000 to 1,200,000; and those over 85 from 84,000 to 150,000.

## **Leading to:**

- Unsustainable demand on health and social care systems
- Recognition of the need to work differently



# National and local policy

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- Our Health, Our Care, Our Say (2006)
- Putting People First: a shared vision and commitment to transforming Adult Social Care (2007)
- Hampshire Commission of Inquiry into Personalisation (2009)
- National Care Service White Paper: Building the National Care Service (2010)



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# It works!

## **It's official – the case for investment in preventive care is cast-iron:**

.... research evidence presents a 'powerful and persuasive argument for making prevention a priority in social care services – not first out the door' (Health secretary Andy Burnham)

The Guardian 20 Jan 2010

# The evidence



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- Personal Social Services Research Unit national evaluation of Partnerships for Older People Projects (29 Pilot Sites)

### Findings:

- For every £1.00 spent £1.20 is saved on Emergency Bed Days.
  - Overnight hospital stays reduced by 29%
  - Accident and Emergency attendances by 29%
- NHS efficiency gains in NHS achieved without adverse impact on social care resources.



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....evidence contd.....

## **Examples of What Works?**

- Proactive case management
- Multi-disciplinary working
- Co-location

Leading to improved understanding and efficient and effective pathways.



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**Teams of staff from health, Adult Services and Community Voluntary Services working together to:**

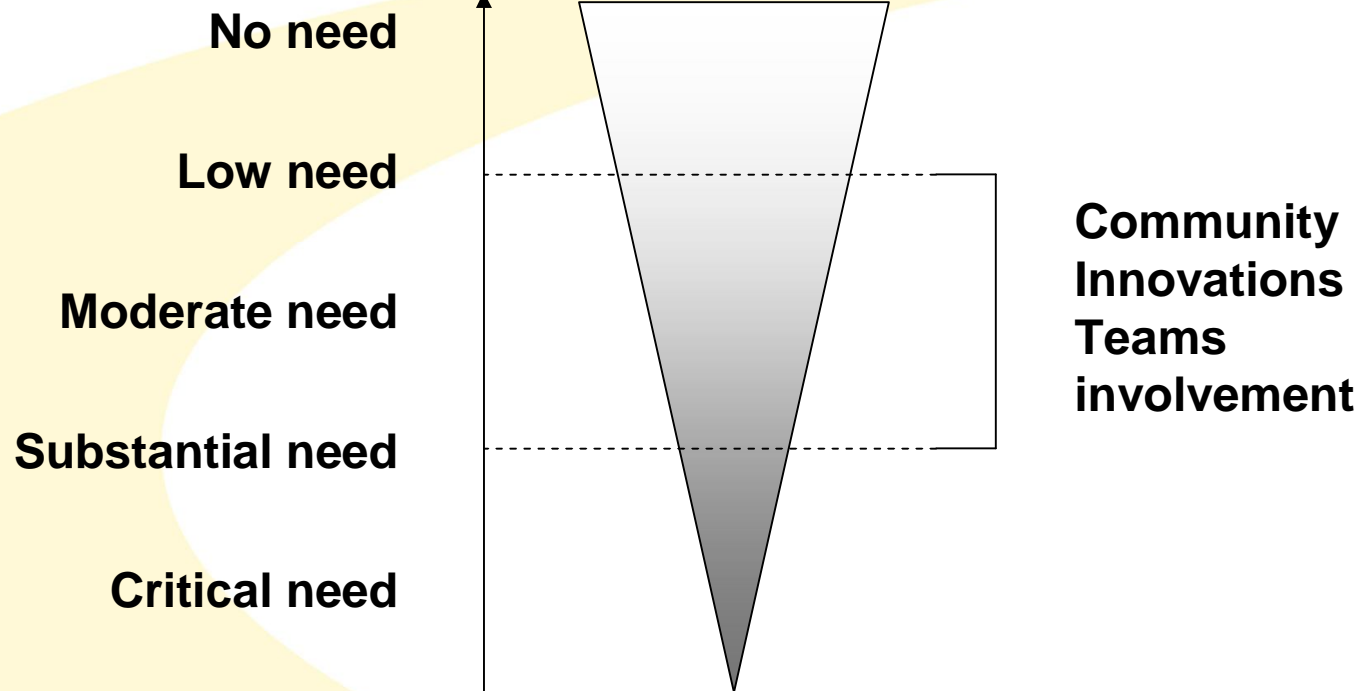
- Improve health and well-being of older people with emerging risks i.e. those with moderate to low needs
- Enable people to live as independently as possible for as long as possible
- Reduce/delay in demand for other services.
- Add life to years, not just years to life

# Who are we working with?



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Increasing  
independence





# Referral sources and profiles

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## Referrals received from all sources including:

- GPs/health – vast majority
- Voluntary Sector
- Individuals/carers/family
- Other agencies Fire; Police; Citizens Advice Bureau; local pharmacy; post office
- Hantsdirect

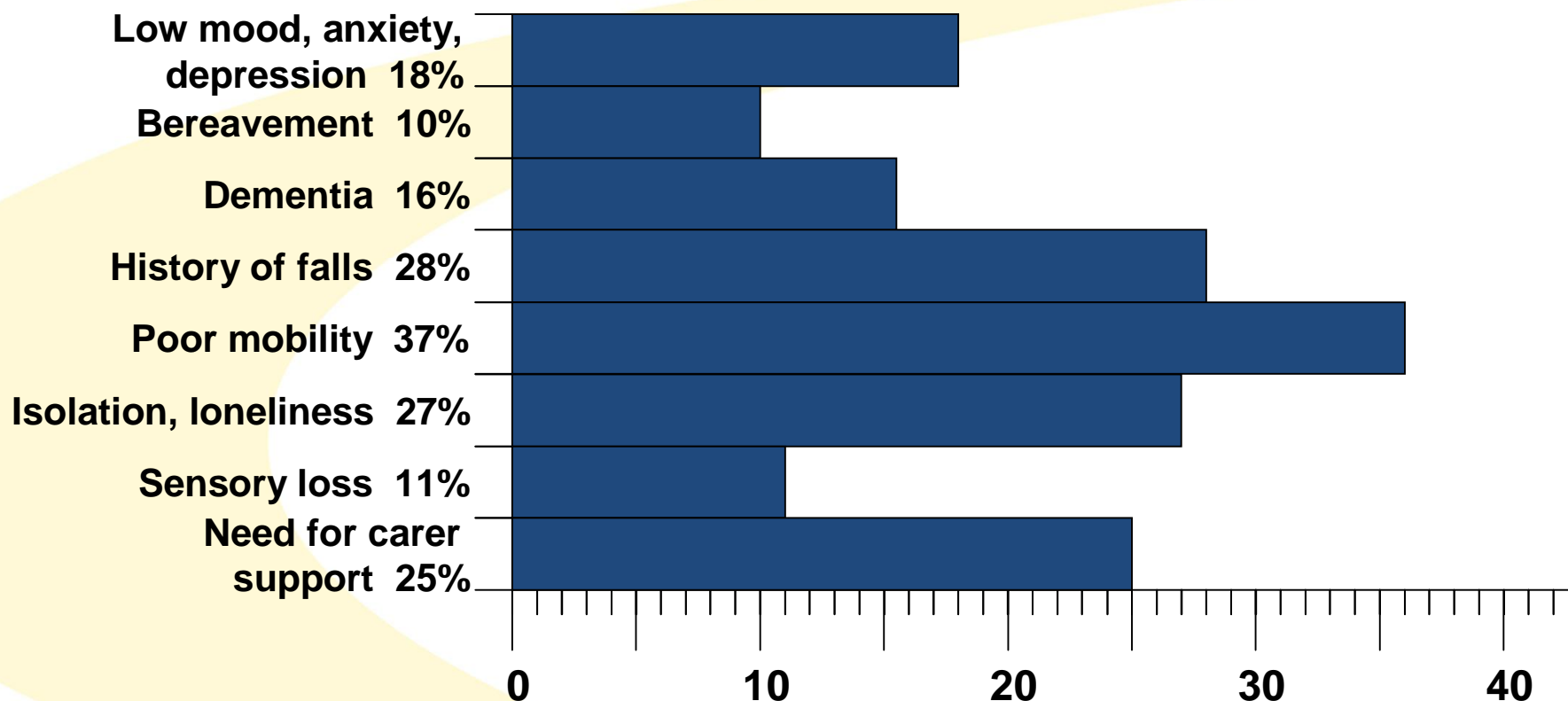
## Profile:

- Majority aged 80 years plus
- Women out number men by 2:1



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# Main reasons for referral



All sites 332 people



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# How we do it?

- Comprehensive Multi-disciplinary Assessment
- Proactively seeking out older people who are beginning to experience difficulties.
- Determine support plan, person centred
- Signpost or provide direct specialist intervention
- Identify gaps/community development
- Co – located where possible



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# Where are we now?

- Aim was to embed a team within each of the 16 GP localities by April 2010.
- Project delivered ahead of planned scheduled and to budget
- Next Steps: identifying opportunities for expansion within existing resources
- Performance and benefits framework nearing completion.



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# 'Madeline's Story'