

Free Crisis Care

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Background

- Response to commission of Enquiry into Personalisation
- Benefit to service user :
 - Links with health made easier
 - Reduction in bureaucracy at time of crisis
 - Efficient and effective, seamless services
 - Fairer
 - Holistic
- Response to national policy and guidance
- Long term efficiencies e.g. reduction in use of hospital bed days, hospital and long term care

Target group

- Those who meet current ASD substantial and critical eligibility criteria
- Those needing support on discharge from hospital (predominantly older people but not exclusive)
- Those at risk of unplanned and inappropriate admission to hospital or long term residential / nursing care

Constraints

- Not universal offer of free crisis care to all
- Constrained by resources both budget and staff capacity
- Incremental development i.e. limited initially to specified menu of services
- Time limited for up to six weeks
- Remains bounded by substantial and critical eligible criteria

Achievements in Year One

Developed a menu of services to support people being discharged from hospital:

- Refocusing of Community Re-ablement Service on supporting people home from hospital
- Integrated Hospital Discharge Teams
- Welcome Home from Hospital contract – county wide
- Time to Think beds 77plus

Integrated Hospital Discharge Teams

- Focus on multi-disciplinary single point of contact on discharge
- Signposting to the right care, at the right time and by the right person
- Efficient and effective seamless service

Welcome Home

- Assists in re-establishment of people back into their own home after a stay in hospital, preventing re-admission to hospital or residential care
- Time limited, flexible personal assistance for a period up to 6 weeks.
- Commissioned county wide from independent sector providers

Step Down Beds (Time to Think)

Short term intensive re-ablement service, based in residential or nursing home. The aim is to:

- To restore optimum physical and psychological health
- And enable the person to make an informed decision as to whether to return to living in own home in community.

Year 2 Development - Rapid Response and Reablement Teams with Health

Aims to:

- Develop and re-organise community based teams who work with people in crisis in the community
- Provide short term 6 week intervention to provide re-ablement and to stabilise people after a crisis using Community Response Teams (CRT) and commissioned re-ablement services
- Teams will consist of care managers, Occupational Therapy and CRT working along side community health staff

Supporting development

- Changes to Occupational Therapy (OT)
- Integrated Community Equipment Services (HICES)
- Older People' Mental Health Strategy

Monitoring our performance

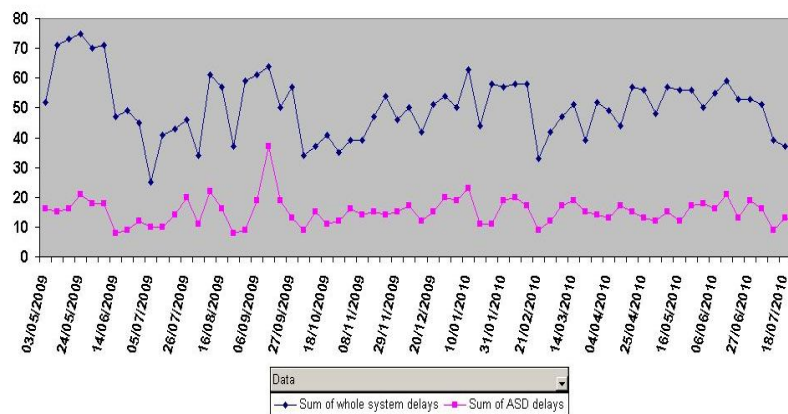
NI 131: Delayed Transfers of Care

- A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed but is still occupying that bed.
- The delay can be caused by a lack of suitable on-going health care, or social care or a combination of both.
- The indicator measures the average weekly rate of delayed transfers from all NHS hospitals per 100,000 population aged 18 and over.

NI 131: Delayed Transfers of Care

- Definition revised in 2008/09 – previously focus was on acute hospitals, revised definition includes all hospitals.
- Average number of delays per 100,000 population in 2009/10 was 9.4, an improvement on 14.4 in 2008/09.
- Performance up to July was running at around 9.0.
- There have been recent changes to recording frequency, with future monitoring under review.

Acute Delayed Transfers



NI 134 – Emergency Bed Days

- This measure counts the total number of days hospital beds are occupied by people admitted as an emergency.
- It covers all types of hospital and people of all ages (including children).
- There are a few conditions which are excluded:
 - Some less common infectious and viral diseases
 - Conditions linked to pregnancy
 - Road traffic accidents.

NI 134 – Emergency Bed Days

- There was an increase in Emergency Bed Days in Hampshire between 2006/07 (605,277) and 2008/09 (654,720).
- Action taken through the LAA saw figures stabilise in 2009/10 (650,196).
- The rolling year to end June 2010 has seen a continued reduction to 641,500.