



Cass Business School
CITY UNIVERSITY LONDON



Neighbourhood knowledge
management

The Brent Integrated Care Co-ordination Service (ICCS)

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Brent **NHS**
Teaching Primary Care Trust

What is ICCS?

- ICCS is a preventive service which receives referrals from GPs, Adult Social Care, other statutory services and the voluntary sector
- Staff work with colleagues to identify and target people most likely to benefit including use of EARLI tool (Emergency Admission Risk Likelihood Indicator)
- It assesses clients' needs and puts them in touch with a range of services from across health, social care and the private and voluntary sector as necessary
- It follows up clients over ~3 month period to ensure needs are being met



Facts about ICCS

- Selected as a POPP Pilot receiving DH funding of £1.65m over 3-years
- Assessed and co-ordinated care for over 600 older people in 2008/09 at a cost of ~£1.25k to £1.5k per client
- Works closely with Adult Social Care but does not duplicate as there is close working and shared information

Who does ICCS help?

- 75% of clients are aged 80+ and 33% are 90+
- Clients average 1.5 failed ADLs (e.g. can't wash, dress, feed or get about)
- Clients average of 1.5 long term health conditions – most common are heart disease, depression and arthritis
- Clients include many people from harder to reach groups (e.g. people living alone)



First evaluation

Evaluation showed that:

- ICCS saved between 14 and 29 bed-days in hospital per year per client , and 3 and 8 A&E attendances
- ICCS resulted in fewer falls
- ICCS resulted in small improvement in self reported quality of life



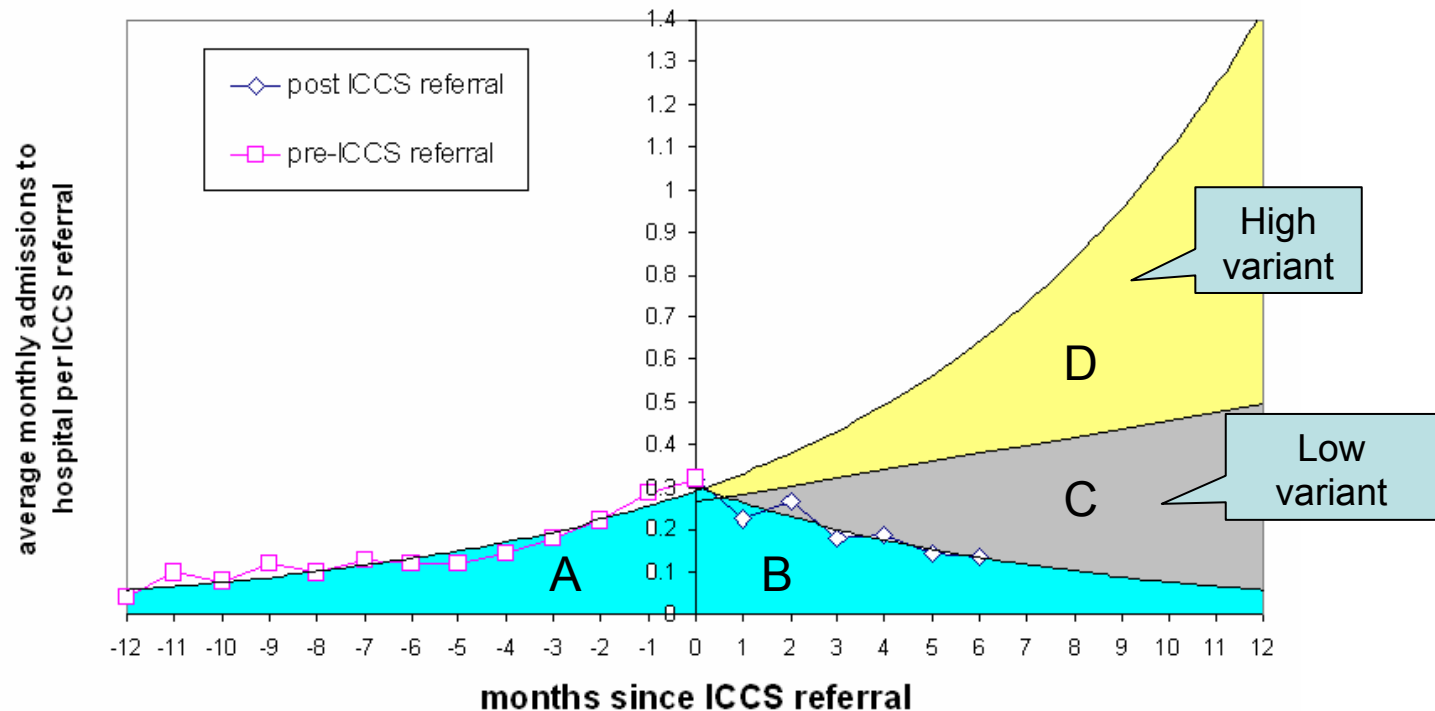


Case study (Mr A)

- *Mr A is an 82 year old diabetic man with poor mobility, loss of balance and confusion.*
- *He had missed a number of hospital appointments because of memory loss and fear of falling;*
- *He was losing weight putting him at significant risk especially because of his diabetes*
- *There were no working light bulbs in the kitchen increasing the risk of him falling*
- *Following assessment the care co-ordinator referred to the handyman service, which replaced bulbs, mended his bed and re-hung curtains*
- *The care co-ordinator also arranged transport to hospital for re-arranged appointments, and made a referral resulting in attendance at the memory clinic*
- *Discussion with GP and the community pharmacist resulted in doset boxes being supplied and arrangements with pharmacy to collect and deliver prescriptions*
- *Meals on Wheels and 3 x daily care visits for support with diet and activities of daily living were provided by Social Services following ICCS assessment.*



How health care savings are generated



A- actual admissions before referral

B- actual admission post referral

C- lower bound prevented admissions (based on linear trend extrapolation)

C+D – upper bound prevented admissions (based on accelerating trend)

Second evaluation

- First evaluation focussed on ICCS and impact on health care activity
- But question remained whether it was a burden on social services (e.g. Did it generate more work than it saved?)
- Second evaluation sought to answer this question in a major follow up



What did we find?

- Care pathways and outcomes and pathway costs varied according to whether ICCS was involved or not
- We found that:
 - ICCS is more responsive than social services except in crisis situations
 - ICCS pathways result in delayed transfers to nursing care
 - Domiciliary care costs are lower where ICCS involved in pathway
 - Mortality rates are not pathway dependent
- Overall we found worthwhile savings to adult social care that would justify and sustain service going forward

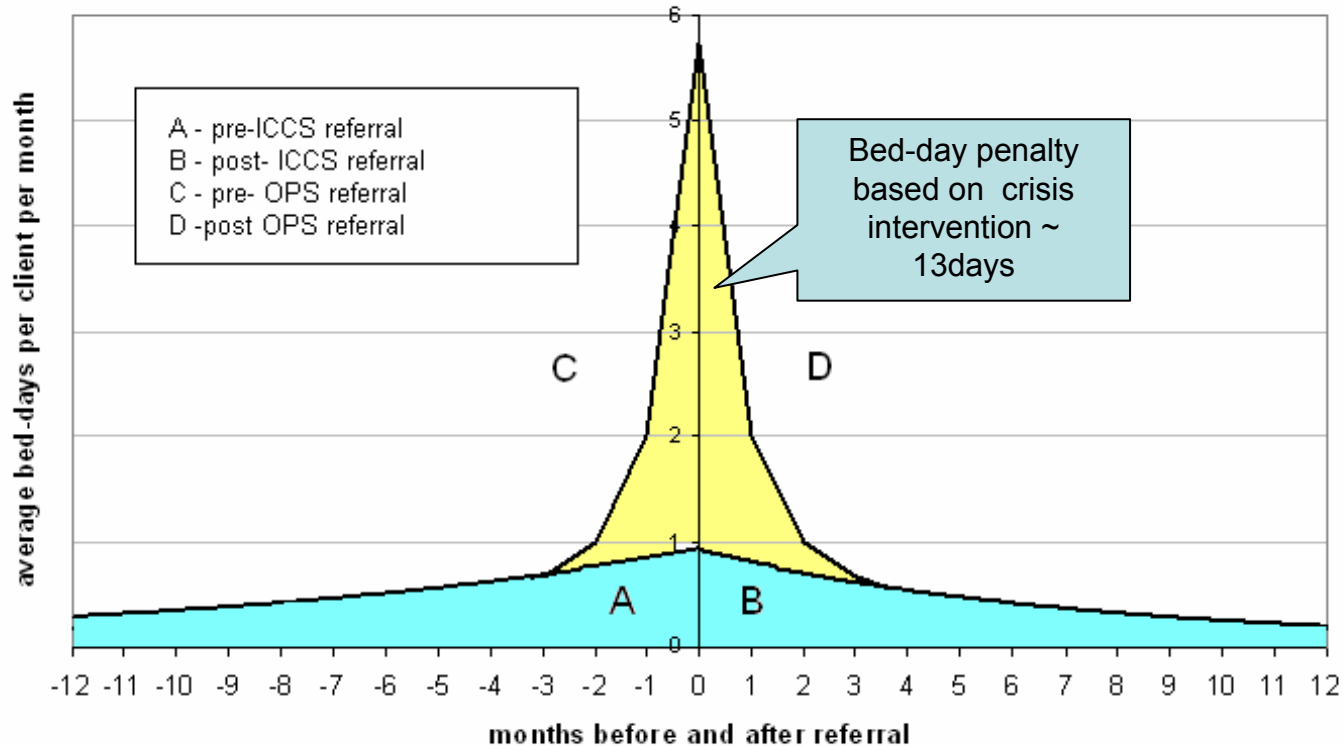


Further important findings

- Mainstream adult social care is a ‘crisis response’ service rather than a ‘preventive service’
- By not focussing on prevention health care system incurs significant hospital ‘bed-day’ penalty
- In the event of death, if ICCS is involved in the pathway the time spent in period in hospital up to death is significantly less



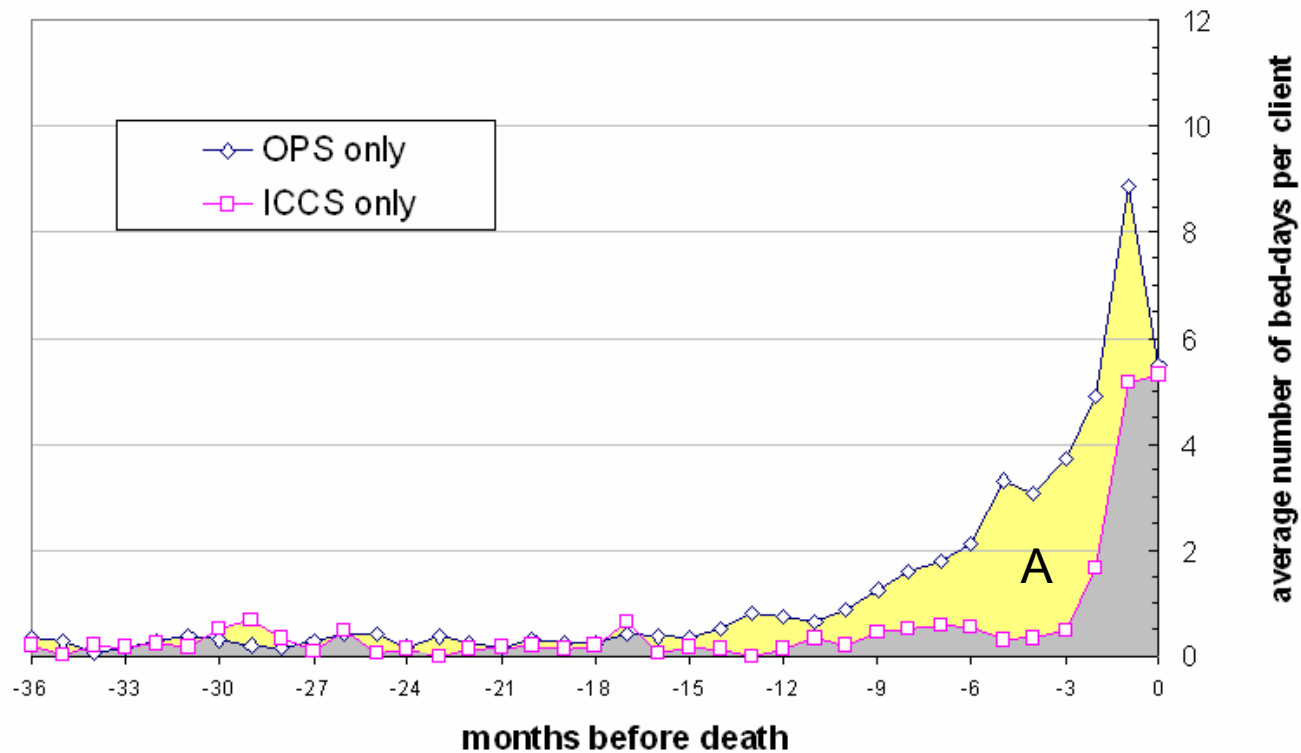
Bed-day consumption according to pathway – crisis versus preventive response



We think prevention-crisis gap is about 2-months

Case identification important element of prevention approach

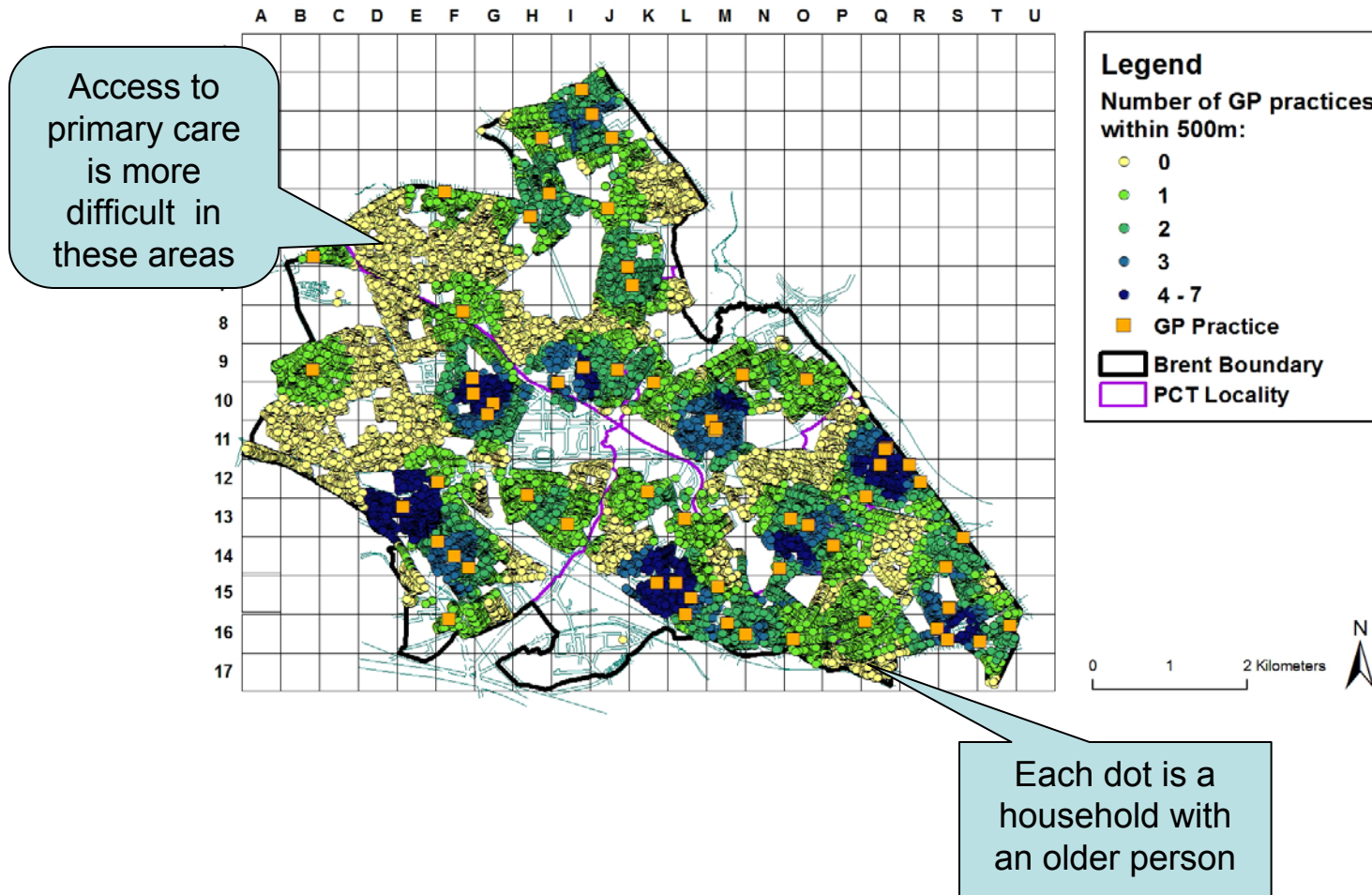
Bed-day consumption according to pathway – end of life comparison



[A] – Additional bed-days at end of life spent in social services only pathway versus ICCS in previous 12 months (38 bed-days versus 16 bed-days)



Access to primary care by 65+ population



Conclusions

- ICCS is a highly cost effective service (10 dedicated co-ordinators with annual budget of ~£750k)
- Early intervention saves on health care costs and delays transfer to residential or institutional care
- ICCS also reduces re-ablement costs
- If repeated nationally would save over £2billion per year
- There is better coverage with ICCS particularly harder to reach groups
- ICCS is highly appreciated by clients and results in modest self-reported improvements in quality of life, and a reduction in falls
- ICCS is increasingly first port of call, substituting for some mainstream social care activity



Other observations

- Scope to increase capacity of service and thus make more savings
- ICCS shows it is possible to work with wide range of partners including primary care, social and other statutory services, and voluntary and private sectors
- Case management and single assessment approach enables joining up of information across organisational boundaries
- Underpinning information system and careful analysis of the evidence has been a crucial feature of evaluation
- Use of the EARLI tool and development of closer and trusting relationships across health and social care help to ensure people are identified at point when they are most likely to benefit and which impacts on savings

