



The economic and social benefits of care-coordination

*Tailoring
services to local
needs*

Aims

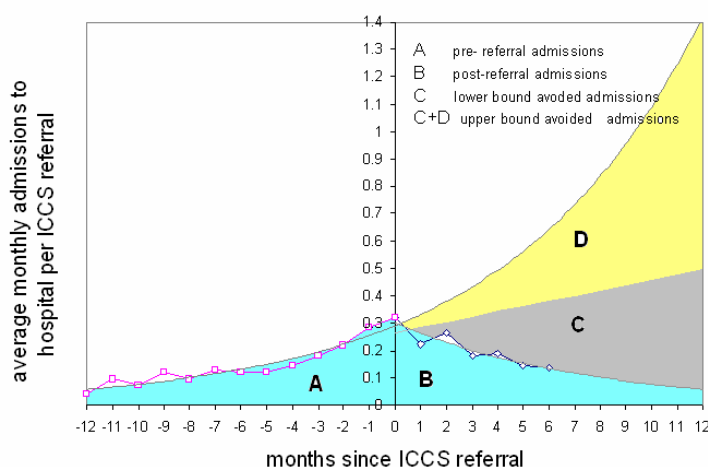
In the last few years the Department of Health's Older People and Disability Division has led a project called 'Partnerships for Older People Projects' (POPP). The strategic aim was to test and evaluate innovative approaches that include the prevention of admissions to hospital as one of the outcomes, but also others such as potential changes in well-being of clients in their care. Brent successfully bid for £1.65m to trial a new Integrated Care Co-ordination Service (ICCS) for older people. The concept was to provide holistic person-centred assessments of vulnerable older people (65 years plus) and co-ordinate a range of interventions responding to their identified needs. These interventions included help with health and social care, odd jobs around the home, moving into more appropriate accommodation, and assistance with financial needs through the pensions and social security system. Mayhew Harper Associated Ltd. were appointed to evaluate the pilot conducted between April 2006 and March 2008.

What we did

With the help of partners we set up information systems to identify older people in need and thereby increase referrals. We monitored their health and activities of daily living over a two-year period. We also tracked their admissions to hospital before and after referral to ICCS and also their attendance at A&E. Using routinely collected administrative data we undertook a risk assessment of all older people in Brent. We found that after clients had been referred to ICCS there was a marked fall off in the number of hospital admissions and A&E attendance and that this effect lasted long after referral.

Outputs

We showed that ICCS helped more people to live at home and that in the 12 months post referral ICCS saved per client between 2.4 to 5.9 fewer admissions. This is shown in the figure in which



actual pre- and post average admissions per month and projected admissions that would have occurred in the absence of referral. In addition ICCS saved 14.2 to 28.7 fewer bed-days, and 2.8 to 7.8 fewer A&E attendances per client. The number of falls fell dramatically and although there was no overall change to the ability to carry out activities of daily living overall all well-being improved marginally. A full de-

scription of the results and methodology is given in "On the health and social benefits of care co-ordination for older people—the ICCS" (<http://networks.csip.org.uk/Prevention/Evidence/>). ICCS principles are being varied forward by Brent; meanwhile the results have been published in a north peer reviewed scientific journal.