

Report to: **Adult Social Care Scrutiny Committee**

Date: **27 March 2008**

Title of report: **The effectiveness of preventative services in Adult Social Care**

By: **Keith Hinkley, Director, ASC**

Purpose of report: **To report back to the Committee on several items following the Review in 2007**

RECOMMENDATION – to consider and comment on the balance of investment on preventative and intensive services by Adult Social Care

1. Financial Appraisal

1.1 Total current investment in preventative services (services not accessed through Fair Access to Care Services eligibility criteria) is £5.75m or 3% of a gross Adult Social Care (ASC) budget of £166.9m. This investment in preventative services continues to be a combination of direct investment by ASC and central government ring-fenced allocations and grants, currently at a ratio of 70:30.

1.2 The recently announced Social Care Reform Grant, LAC (DH) (2008)¹, will provide £5.384m over the next 3 years, 2008-2011, to ESCC to implement the policy concordat, *Putting People First*. Some of that grant may be invested in preventative services although the main purpose is to 'transform social care' by making a shift from intensive to preventative services.

1.3 There has been no central government guidance or requirement indicating the degree of the shift in investment that is required or desirable. A current position is for a broadly stable level of direct ASC investment supplemented with effective use of additional funds from ring-fenced allocations and grants.

1.4 Whilst monitoring the percentage spend on preventative activity provides a useful high-level picture, more effective service models and improved care pathways are what deliver real change. These changes are being achieved through key strategic activity to re-balance services and improve the complementarity between targeted preventative services and intensive services. These key activities include:

- The implementation of the joint Commissioning Strategies (which all include preventative services such as POPP and telecare)
- Joint investments with the Primary Care Trust's
- The implementation process for the Putting People First concordat
- The delivery of ASC Assessment & Care Management Strategy

1.5 Further consideration of the financial return on investment associated with preventative services is included in appendix 1.

2. Supporting Information

2.1 The 2007 Scrutiny Review of Preventative Services asked that several elements of the Review were reported in March 2008. They were:

1. The percentage of budget spent on preventative services to get optimum benefit (see 1.1 – 1.4 above)
2. The relationship between targeted preventative services and the provision of intensive services to maximise effectiveness (appendix 1, item 2)
3. Update on POPP & Telecare projects (see below)

2.2 Partnerships for Older People Projects (POPP) and Telecare

One of two significant areas of recent preventative investment, the POPP programme (£3.2m from the Department of Health ending in June 2008) has been delivered by ASC in partnership with the East Sussex PCT's. This portfolio of 12 projects is directed at preventing loss of independence for people with health and social care needs. Funding to support the service improvements and 'lessons learnt' from POPP have been included in the ESCC ASC and PCT budgets for 08/09.

2.3 Telecare

Funded by the Department of Health's Preventative Technology Grant (£992,000 to March 2009), the telecare service has now been established for nearly 1 year. Just over 400 users have taken up the service in this period, of which over 80% are aged 65 or over. Referrals come from a variety of sources, mainly care management & assessment teams but also from health & voluntary sectors, including the Navigators & County Connect (over the past 6 months, approx 8% of the referrals via County Connect have included telecare). An independent evaluation of the telecare service has recently been commissioned, which will be in the form of a phased approach. An initial report due end March 08 will outline the set up of the service & usage in first year. Subsequent phases, due in August 08 & March 09, will provide more detailed process evaluation & outcomes evaluation.

2.4 Evaluating the impact of preventative investment

In evaluating the outcome of the POPP programme and measuring the outcome from investments in prevention such as telecare we have used the existing Performance Assessment Framework (PAF) and some new evaluation tools (see Appendix 1 for summary data). The data shows progress over the last two years in East Sussex towards Whole System Activity Targets. There is a clear direction of travel towards meeting and exceeding PAF targets.

It would be fair to reflect that POPP, telecare and similar initiatives may not be able to claim the entire credit for progression towards these targets. There is however good evidence that these investments have made a significant contribution to this positive direction of travel, over 3000 people have been supported by POPP funded projects in East Sussex over the last 2 years and an additional 400 by telecare.

2.5 As part of its evaluation, an economic analysis of POPP projects shows that those providing intensive support are in the main able to demonstrate a positive financial return on investment. That is, they produce cash releasing savings or notional savings (against previously agreed performance targets) in excess of their budget cost. It is much more difficult for targeted preventative services to demonstrate an economic return on investment however we can demonstrate:

- The positive direction of travel in whole systems PAF measures
- That preventative services are highly valued by service users, carers and local older people
- Measurable improvements in quality of life including coping with long term health conditions and using emergency / urgent response services (health and social care) less than before the preventative intervention.

3. **Environmental Issues**

None

4. **Community Safety Issues**

None

5. **Human Rights Act Implications**

None

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Local Member: Countywide
Background Documents: None

APPENDIX 1

1. Whole System Performance measures

Table 1 Progress towards whole system activity targets

Whole System Measures		06/07 performance	07/08 Target	07/08 performance to date
Target One	Older people helped to live at home (per 1000 population)	63	57	66 Dec 07
Target Two	Number of households receiving intensive homecare as a % of all older people in residential and nursing care and households receiving intensive homecare	16.1%	17.0%	21.7% Dec 07
Target Three	Reduce Emergency bed days	-8.1%	9% reduction of 03/04 baseline	-14% Sep 07
Target Four	Reduction of projected admissions via A&E aged 65 and over	-1.6%	6% reduction on 07/08 projection	-13% Oct 07
Target Five	Reduced residential or nursing home placements after emergency admissions for patients aged 65 and over	4.8%	4.6%	4.4% Nov 07
Target Six	Number of carers who receive services	5.6%	12%	8.4% Dec 07
Target Seven	Waiting time for social care services (time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks)	79.0%	74%	85% Dec 07
Target Eight	Prevent Falls, admissions, ambulance call outs and	Data under review	Data under review	Data under review

Table 1 above shows progress over the last two years in East Sussex towards Whole System Activity Targets. There is a clear direction of travel towards meeting and exceeding PAF targets. Light shading = On or better than target; dark shading = close to target.

2. Financial return on investment from preventative social care services

A central question is whether an investment in preventative services will lead to a reduction in spending on more intensive services. Local and national evidence from the POPP programme suggests the following:

- Over the last two years with the experimental POPP prevention projects we have seen marked improvement in key performance indicators relating to both preventative and intensive services. The causal links are not yet proven to the extent that they might be generalised beyond specific projects. We know that in particular projects we have produced good results that would justify a shift of resources from intensive to preventative services. We cannot say that we will always do so, or that replicating similar projects will always produce the same outcome.

- Local and national evidence indicates that an investment in preventative services will not necessarily deliver an overall reduction in cost. The demand for services will be contained and managed in a different way but probably at a similar overall cost.
- Preventative service cannot, at present, deliver the same hard evidence as more intensive services of a positive financial return on investment. To that extent an investment in preventative services is a higher risk than a similar investment in more intensive services.
- East Sussex has some of the best evidence available in the UK that preventative social care services can reduce the need for more intensive services. People using the Navigator and MAST prevention services and other local POPP projects report greater understanding of their health problems, less use of emergency services and being more in control of the help and support they receive.
- The evidence supports a modest and cautious shift in investment from more intensive services to preventative services. The indicative shift of 3% over three years suggested by the level of the SCRG seems justified.
- It is likely that any overall efficiency savings will be in proportion to the investment. It may be unrealistic to expect a high 'gearing' of delivering more saving than is invested; particularly in the early years of shifting to focus from intensive to preventative support.
- East Sussex has established robust systems for evaluating and reporting the impact of investing in preventative social care services. The East Sussex system is being used as an exemplar of good practice by the DofH. That does not guarantee a successful outcome but should deliver timely corrective action should that become necessary.
- Attached as appendix 1 is the most recent economic analysis of the POPP projects - showing which projects are delivering a reliable and positive financial return on investment and which are not.
- A number of important evaluation methods have yet to be applied to local preventative services for older people, including, peer group analysis. That will compare the health / social care outcomes for people receiving preventative services with a similar group who did not have those services. The results of this further research will be available in financial year 2008/09. Recommend an update report in November 08 after the final POPP report has been submitted to the D of H in October 08

3. POPP Projects performance and expenditure summary – Feb' 08

Please refer to the last three columns which indicate the % of the county covered by a project. The current activity as a % of target activity, and the financial return on investment – where that can be measured. Where a measure is not possible a return of 0% is recorded, but that does not necessarily reflect the value of the project to service users and carers.

From the summary attached it is clear that some of the POPP projects have delivered a clear and positive financial return on investment. For other projects we are striving to develop Quality of Life and other measures to better reflect the return on investment they deliver.

Scheme	07/08 budget [POPP]	08/09 cost to host	09/10 full yr cost to host	% County covered	Activity as % of target [last qtr]	Return on investment % of budget [06/7]
PCT projects						
Hasting & Rother Falls service	94,600	70,950	94,600	35%	108%	0%
Medicines Management	30,500	22,875	30,500	26%	100%	No data
Rapid Response Team	18,000	13,500	18,000	7%	106% [up from 60%]	136%
PCT/s Sub total	143,100	107,325	143,100			
Paramedic Practitioners [ECP's]	90,000	67,500	90,000	28%	Referrals: 90% up from 58%	130%
Memory Service - MAST	143,600	107,700	143,600	21%	Two targets: Referrals: 90% up from 25%	0%
OPMH Intensive Support	318,200	238,650	318,200	88%	Assessments 66% down from 70% 87%:65%	192%
PCT Total	694,900	521,175	694,900			

ESCC hosted projects						
Enhanced response team	127,000	95,250	127,000	100%	70%	135%
Bathing advice project	15,300	11,475	15,300	65%	58%	0%
ICES, Occ' therapy direct	93,100	69,825	93,100	100%	Two targets: Assessments 60% Equipment provided 100%	Project recently started insufficient data
Hospital Duty & Ass' Team	99,900	74,925	99,900	100%	110%	105%
Navigator	368,900	231,675	308,900	100%	85% [up from 50%]	0%
Community Hub Project	0	0	0		Not recorded	0%
Tele health	15,000	0	0		Not recorded	0%
County Connect	15,000	0	0		Not recorded	0%
Programme Management	126,000	15,000	0		Not recorded	0%
ESCC total	860,200	498,150	644,200			

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