NHS
National Institute for
Health Research

Liverpool
Clinical Commissioning Group

Evaluating The Impact Of Liverpool Community Care Teams; The Story So Far October 2017

Authors: Paula Bennett, Jane Fradley, Andrea Hutchinson. Public Advisor: Sue Fitzgerald

Background

National policy over the past few years has been directed towards developing integrated multidisciplinary teams (MDT) that break down barriers across health and social care. It is expected integrated working can reduce avoidable hospital admissions and promote collaborative working. The Kings Fund suggest that in order for this to be effective, Community Care Teams (CCT) comprising of community providers and primary care should be delivered across registered practice populations of approximately 30-50,000 people. Evidence suggests this intervention should be aimed at patients identified with medium to moderate risk of hospital admission.

Health Inequalities

- **Nearly half of emergency admissions arise from social inequality**
- **People living in the most deprived fifth of neighbourhoods in England suffer nearly two and half times as many preventable emergency hospitalisations, compared to the least deprived neighbourhoods**

The reasons for this difference in admissions could be attributed to a range of factors. Marmot presented evidence that poorer people are more likely to live in more deprived neighbourhoods which are more likely to experience

- **Poor housing, higher rates of crime, poorer air quality**
- **Disparity in access to health services**
- **Lack of green spaces and places that are safe to engage in physical activity**
- **Higher prevalence of long term and ambulatory care sensitive conditions**
- **Higher prevalence of unhealthy lifestyle behaviours**

Case for change

Liverpool CCG has a population just over half a million and we experience some of the highest levels of poor health outcomes and health inequalities both within the city and compared to the rest of the country. It is understood that

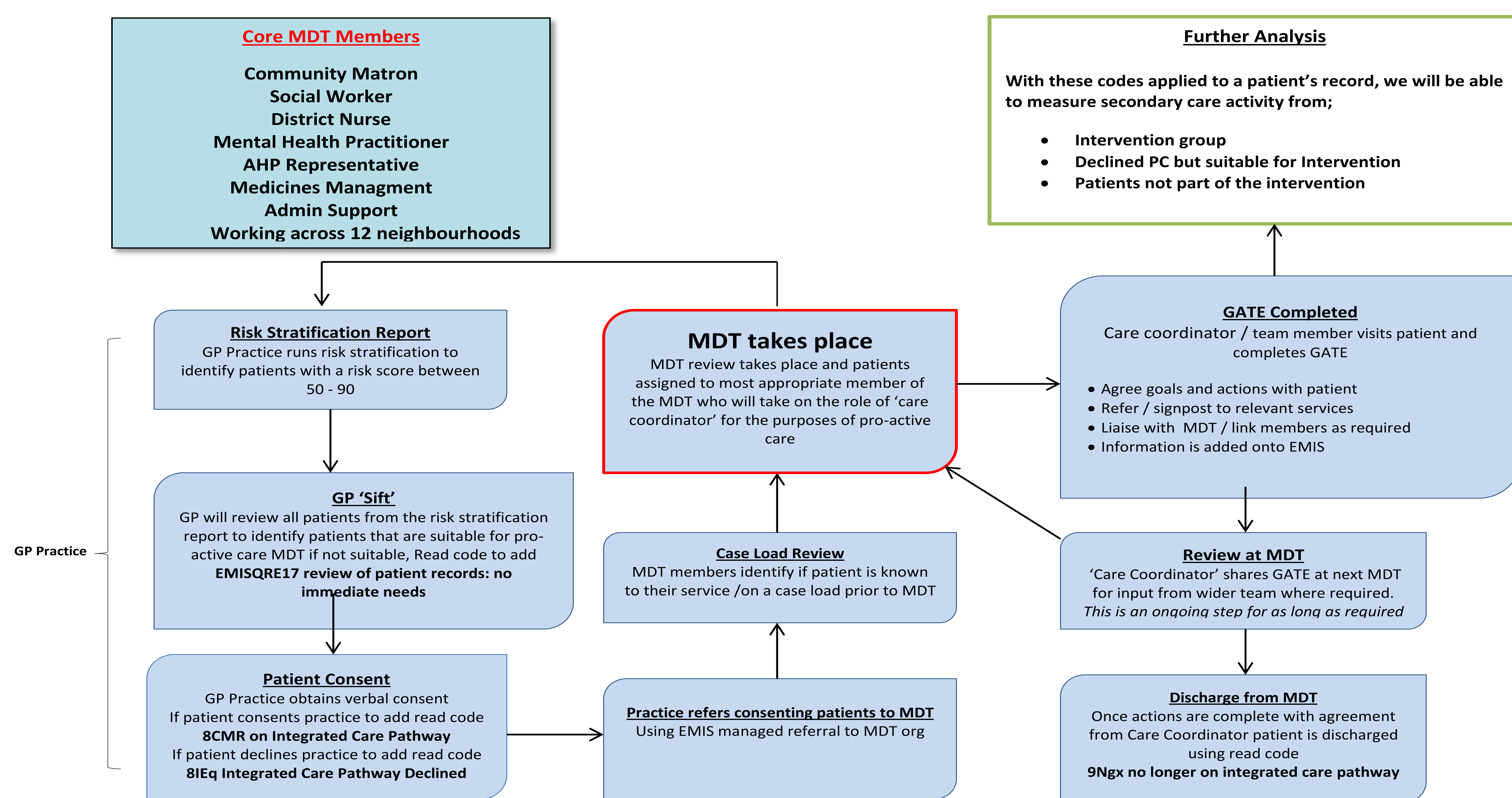
- **Liverpool is ranked 9th deprived CCG when compared to all 209 CCGs**
- **One third of people live with one or more long-term conditions**
- **The difference in life expectancy between areas of the city can vary by more than 10 years**
- **By 2021 there will be 9% (5,700) more people living beyond the age of 65 years with the biggest growth in those aged 70-75 and 85+**
- **93,000 people are affected by mental health issues**

Evaluation Aim

The aim of the evaluation is to establish the impact CCTs have on reducing the need for care and support and safe and timely discharge. The evaluation framework reflects the need to collect outcomes across the city, but also at a neighbourhood level to identify the impact in areas with varying socio-economic needs. The outcomes data will be disaggregated by indicators of disadvantage whenever possible to show if inequalities have widened or improved.

How do CCT's work

Community Care TeamProactive Care Model



Case study

Over 80 years old, housebound, patient's wife is the main carer who also has health needs. History of falls and still at risk of falls. Needs support to manage health, has carers twice a day.

Main Issues Identified during Assessment: Generic Assessment and Evaluation Tool (GATE) is used to assess patients goals and needs

- High risk of fall
- Possible risk of medication errors due to main carers health needs
- poor mobility, difficulties managing the stairs and accessing bathroom
- Lives in Housing Association Property
- Hard of hearing and feels socially isolated

Actions from GATE Assessment and MDT discussion:

- ✓ Audiologist review requested
- ✓ Allied Health Professional assessments requested
- ✓ Patient referred to continent team for review of continent products
- ✓ Contacted life Line and contact list updated
- ✓ Contacted chemist and blister pack requested
- ✓ Care package has been reviewed by social worker team and carer support with medication has been added

Follow up and outcomes:

- ✓ Seen by audiologist to review hearing problems
- ✓ Occupational Therapist is liaising with housing association to change bathroom into wet room and for installation of stair lift
- ✓ Physiotherapist assessment identified that this patient is not suitable for rehabilitation
- ✓ Blister pack is in use for medication
- ✓ The patient, their family and the CCT feel that support from the MDT has helped prevented future risk

Progress to date

- 10% reduction in avoidable admissions 2016/17. This is a real achievement when compared to the most recent twelve months of vanguard funding, emergency admissions growth rates were: Primary & Acute Care System (PACS) vanguards 1.1%, Multi-Speciality Community Provider (MCPs) vanguards 1.9%, and the non-vanguard rest of England which was 3.2%
- 4% reduction avoidable emergency Month 4 YTD (17/18)
- Readmissions within 30 days of discharge, this indicator continues to show steady progress and has observed a 6% reduction when compared to the same point in time last year, (Apr 16- Mar 17) Liverpool are performing better than their Right Care peers (13.2%) and reporting lower than the North West and England average
- Reduction in delayed transfers of care (27%)

Outcome	Measures	Period	Direction of Travel	YTD 15/16	YTD 16/17	Variance	Trend
1. Reducing the need for Care and Support	1. TOTAL emergency admissions (see separate report for breakdown by scheme)	2016/17 (YTD month 12)	↑	62,007	62,879	1%	
	Avoidable emergency admissions	2016/17 (YTD month 12)	↓	11,872	10,726	-10%	

Next Steps

- At 6 months undertake a snap shot of the data available to identify the impact of the intervention on secondary care activity
- At 12 months undertake a case control review of patients who have received the intervention
- Develop pathways with specialist services to develop a seamless approach for patients to access the services they require identified by the GATE

This is a summary of independent research funded by the National Institute for Health Research (NIHR)'s CLAHRC NWC Programme. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department or Health.