REPORT TO: **JOINT COMMISSIONING BODY**

REPORT FROM: **DEVON SUPPORTING PEOPLE TEAM**

DATE: **14th SEPTEMBER 2009**

MOBILE RESPONSE BUSINSESS CASE

RECOMMENDATIONS
The Joint Commissioning Body (JCB) to:

1. Use the Mobile Response Business Case Executive Summary (following to this report) to familiarise themselves with this service.

2. Agree to proceed to commission a 3 year contract for the Mobile Response Service.

1. BACKGROUND

1.1 In December 2007, Devon's housing support commissioning plan for older people agreed to piloting a mobile response service for people in sheltered housing. During 2008/9 a trial service has subsequently been piloted.

2. ISSUES

2.1 Given that the pilot phase of the service has now been functioning for one year, Devon's Joint Commissioning Body needs to decide if it is going to commission a substantive contract period for the service, following a tender exercise. This service is already within the budget figures presented to JCB in today's Finance Manager report.

2.2 A full business case is being considered by Health and Social Care Commissioners during September, a summary of which is provided at the end of this report. Other more detailed appendices to the business case are available on request to max.sillars@devon.gov.uk.

3. PROPOSALS

3.1 The JCB to take advantage of a direct question and answer session about the pilot service with the provider (South West Ambulance Service Trust), who will be present for part of the JCB meeting of the 14th Sept 2009.

3.2 Following the question and answer session, the JCB to approve the continuation of the procurement stages for a steady state service.

BUSINESS CASE - EXECUTIVE SUMMARY

Purpose:

- To ensure that older people living independently have an appropriate range of community based options for their unscheduled support needs, in addition to the emergency ambulance/admission to hospital response already available.
- To establish an ongoing clinically supported unscheduled response (but non emergency) service, activated by service users using community alarm networks. Appendix one to this business case is a service description the mobile response service pilot delivered in 2008/9, and Appendix two is an activity report for that period.
- To plan, procure and evaluate an ongoing service capable of meeting the unscheduled support needs of older people living independently

Project Title: Mobile Response Service	
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REASONS

The reasons for the Mobile Response Service have arisen out of combining an analysis of Devon's future needs, with the acknowledgement that relatively small investments into community support help a high number older people to maintain their independence. During 2008/9, Joint working between community alarm, housing support and primary care services has demonstrated that a high quality, cost effective response service can be commissioned to address the challenge of how even quite frail older people can be very successfully supported to live at home for longer. It is now widely speculated that Health must find ways to save £8–10 billion over the next three years. To achieve this, real alternatives to hospital admission and permanent care in care homes must be found. The mobile response service is a safe, popular and cost effective alternative, and as such is a highly relevant project for 2009/13. Reasons for the project are covered in greater depth in the detailed business case at Appendix 3, under the headings of:

- Aligning Business Plans to 'Putting People First
- Building Technological and Organisational advances into Future Service Design
- Aligning Services to Future Regulatory Frameworks
- Aligning Services to the Objectives within Devon Strategies

OPTIONS

The options for delivering a Mobile Response Service fall into three categories - funding options, contract options, and procurement options. For example, the service could be funded by just one organisation, or funded jointly. The service could be delivered under just one Devon wide contract, or delivered by 3 (or more) locality contracts. The procurement options range from seeking competitive tender prior to any service delivery, through to establishing the service as a pilot first, before tendering later at an opportune point.

Exploration of the funding options has identified health, housing and social care as the key stakeholders. Supporting People is therefore an obvious and appropriate funding stream for the service, as a joint agency budget already shared between these agencies. However, due to the high cost benefits to health and social care, the preferred option is to continue funding a baseline level of service from the joint Supporting People fund, but in a way that easily allows health and social care to purchase added capacity if needed and affordable.

Exploration of the contract options had led to a single, Devon wide contract being preferred. If possible, this preference would attempt to build even further added value through being part of any larger contract awarded to the same provider, to deliver similar unscheduled interventions to people with assessed health and social care needs (Rapid Response).

Exploration of the procurement options in December 2007 resulted in the use of South West Ambulance Service Trust to pilot the service in 2008/9, and to use this experience to develop further procurement options prior to tender in Autumn 2009. The timing of the preferred procurement option would ideally be aligned to and combined with the Rapid Response procurement mentioned above.

Further detail about how each option has been explored are covered in greater depth in the detailed business case at Appendix three to this report.

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BENEFITS - FINANCIAL

Although the key reasons for the service are that the current arrangements fail to meet people's wishes with regards to remaining at home wherever possible, the mobile response service also happens to offer a highly cost effective solution.

The national research into the benefits of the supporting people programme combined with the local analysis of the 'what would have happened right now without this service,' provides a robust framework for maintaining an overview of the financial benefits. This approach of using more exact local analysis to track in-year savings, at the same time as using a less exact national tool to project longer term savings means that longer term projections provided by the Capgemini research can be reality tested each year.

The commissioner claim is that as a result of a £572,000 investment over 53 weeks, there is very strong local evidence that a cost saving to partners of at least £211,000 has already been achieved. There is also some good national evidence suggesting that the wider net financial benefit to Devon of the £572K investment is £2.53 m.

Details of how local analysis and national research has been applied to calculate cost savings and net financial benefits are set out in the detailed business case at Appendix three, and are reflected within the activity report at Appendix two.

NON-FINANCIAL

The Devon mobile response service addresses the problem of under provision of community services to frail older people living independently. The scale and nature of Devon's problem was first identified through cross referencing analysis of local complaints data, as suggested in 'Key Activities for Social Care Commissioning' (CSIP, 2006), with 'Devon Falls Data' (Devon Primary Care Trust, 2007). The study revealed that significant numbers of older people in sheltered housing feel obliged at times to activate emergency services via their pendant alarm, when they have serious but non emergency problems. If Devon can establish a clinically supported, but non-emergency, mobile response to incidents where the service user does not believe an ambulance service is warranted, Devon will:

- Experience higher customer satisfaction from people in Devon who have a need, but do not wish to draw on primary or secondary services that they believe they do not require.
- Improve the level of personalisation in service delivery. In doing so, Devon will be improving the quality of service design, and building best practice into its activities that will be important areas of Audit Commission inspection criteria.
- Increasing the choice, independence and control that people have over their lives. This is an important qualitative feature that the Care Quality Commission expects to see evidence of.
- Improve its track record for equality. Ease of access to appropriate services is an important measure in Devon's Equality Peer Review.

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RISKS

The potential risk to patient safety and of poor value for money has been examined throughout the pilot phase of the project. The patient safety risk is adequately mitigated by the inclusion of a clinical hub as part of the service activation process. The value for money risk has been adequately mitigated by including the mobile response service within the scope of Devon's programme board. The board is maintaining an overview of projects, and scrutinising areas of possible duplication in advance of any application for contract approval.

IMPACTS

The need for provision of 'tenure blind' housing support services has been identified within Devon Supporting People's Equality Impact Needs Assessment 2006/9. The project is an important component of the improvements identified as needed in the 2006 EINA, in the improved access to support that it offers.

The impact of the service upon current landlords and providers of support to older people was surveyed in 2007. The results of the survey indicated that this is not an area of current provider activity, and that current job descriptions are significantly different to the activities specified by the mobile response service contract.

COST AND TIMESCALES

Because Devon's housing support older person Joint Strategic Needs Assessment has indicated that over half of the 13,000 people in need of a service will have no access to face-to-face support unless more floating support services are developed, Devon Supporting People intends to continue fully deploying the budget it has allocated during the pilot phase of the service. This is currently £561,000 over a 52 week period.

Activity description	Month/year	Cost	Budget
Pilot phase	May 2008 - May 2009	£561,000	Supporting People
Pilot phase extended	May 2009 - October 2009	£280,280	Supporting People/ABG
Pilot phase extended	October 2009 - April 2010	£280,280	Supporting People/ABG
3 year contract	April 2010 - April 2013	£1,683,000	ABG

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INVESTMENT APPRAISAL

There is very strong local evidence that a cost saving of at least £211,000 has already been achieved in the May 2008 - June 2009 period. There is also national research suggesting that for the same period, the wider overall net cost benefit to Devon of the £572K investment has been £2.53 m.

If the national research is applied to a mobile response service contract spanning the entire 2008/13 period, the wider net cost benefit to Devon of the £2.8m investment is £12.6m.

Month/year	Cost	Local Analysis, Cost Saving to Partner Assumptions from 2008/9 Pilot	National Capgemini Analysis, Net Cost Benefit Assumptions
May 2008 - June 2009	£572,000	£286,000	£2.53 m
May 2008 - April 2013	£2,805,000	£1,430	£12.6 m

BENEFITS REALISATION PLAN

The immediate savings and longer terms cost benefits will be monitored by a health and social care led Primary Prevention Group. The Group will at the same time manage and monitor patient safety, alongside customer satisfaction and service user outcomes.

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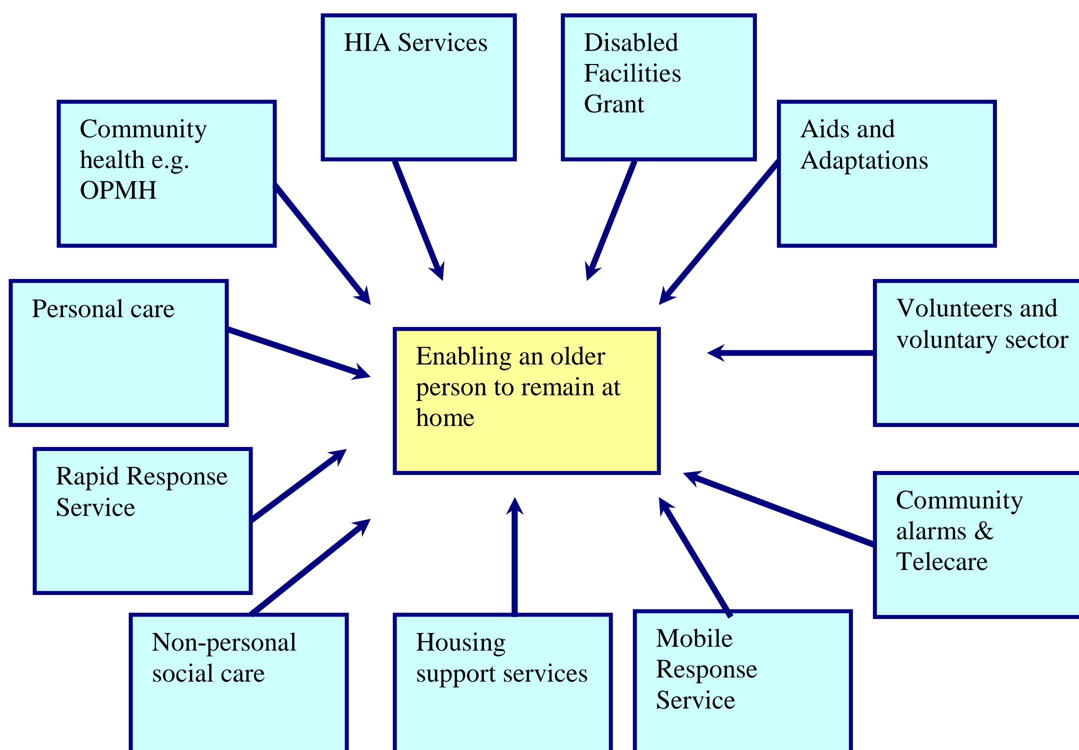
Appendix 1
Working Description of Mobile Response service

1. Background

The Mobile Response Service was commissioned to provide a fast response to non medical emergencies. This service arose in response to complaints received from service users in sheltered housing. In particular there were concerns about vulnerable, older service users in distress who were left to fend for themselves for long periods of time, unless they were prepared to request an ambulance or paramedic. Because the majority of these 'out of hours' needs are not related to urgent health issues, there was a strong reluctance by service users to elicit use of an ambulance.

SWAST was commissioned to provide the Mobile Response Service (MRS) so that an appropriate response could be made to vulnerable older people who required urgent help, but not an emergency service. Therefore, the MRS is intended to reduce the number of non emergency call outs by the ambulance service as well as intervene to prevent older people from being admitted to hospital. The MRS covers the whole of Devon operating out of 3 bases in Exeter, Totnes, and Bideford. There are 3 response targets with 50% of responses made within 1 Hour, 75% within 2 hours, 95% within 3 hours.

The MRS is only part of a spectrum of community services that could potentially be available to an older person. Many of the services have eligibility criteria and an older person may be eligible for some but not others. The MRS aims to fill the gap where an older person requires a fast response but doesn't require an ambulance. Furthermore, the MRS can link an older person into appropriate community based services. The spectrum of services available to older people can be illustrated in the following diagram.



2. What is the Mobile Response Service?

The MRS involves a vehicle with appropriate equipment, i.e. lifting and other equipment, staffed by an appropriately trained worker. The main objective of the service is to provide a visiting support worker who resolves urgent problems experienced by a service user, where no ambulance is required. The MRS provide an exclusive 24 hour service based in 3 market town areas which covers the whole of Devon.

A response from the MRS can only be trigged by a call to an alarm service which will carry out an initial assessment before the MRS is contacted. Alarm call centres will work to agreed criteria as to what constitutes the need for a visit, and pass on requests directly to SWAST. The range of activities that an MRS worker could undertake includes the following :

- Risk assessment
- Supervision and monitoring of health & wellbeing
- Signposting to health/treatment services
- Help in establishing personal safety and security
- Help in establishing the safety and security of the dwelling
- Emotional support
- Help in gaining access to other services
- Access to local community organisations
- Advice, advocacy and liaison
- Advice and support on repair work/ home improvement work
- Help with mobility

The MRS therefore provides a responsive service with some limited follow up. Where the service user already receives a support service, e.g. from a warden, the MRS will inform the support worker who may carry out any follow up themselves.

The MRS should not be used to attend personal care needs (e.g. wet/pads needing to be changed). However, if the service user has a personal care identified, when the MRS is called out, then the service can arrange for someone to attend to these needs.

3. Eligibility Criteria for the MRS

In order to be eligible to receive this service, members of the community must be:

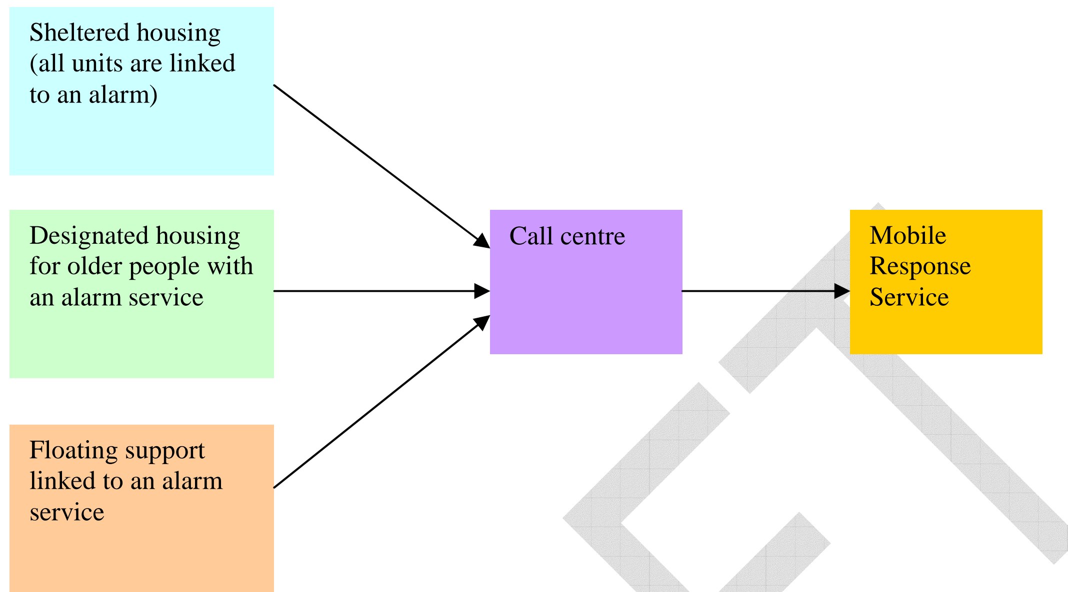
- Persons who are over 55 years of age, ***and***
- Persons who pay a charge for an alarm and/or a housing support service, ***and***
- Persons who are unable to access support, either because people that normally help them are unavailable or off duty, or because they have no regular or identified people to help them.

The service is therefore available to older people who:

- live in sheltered, housing or are in receipt of a floating support service, and who are eligible for subsidy; ***and***
- receive a community alarm service, and are eligible for subsidy.

The remit for the service is therefore restricted to those service users who are eligible (or potentially eligible) for subsidy under the Supporting People programme, although they may currently be self payers because they have sufficient income. This means that the MRS is unavailable to older people who pay for an alarm service privately and who are ineligible for subsidy.

The ‘way in’ to the MRS is illustrated below:



The other aspect to the eligibility criteria is whether the service user needs the Mobile Response Service. The type of need that could legitimately result in the use of the service includes:

- An accident or incident where it is not clear that an ambulance is needed, e.g. minor fall (suspected non injury)
- Panic attack, distress, confusion.
- Communication with other parties where this has not proved possible by the call handler.

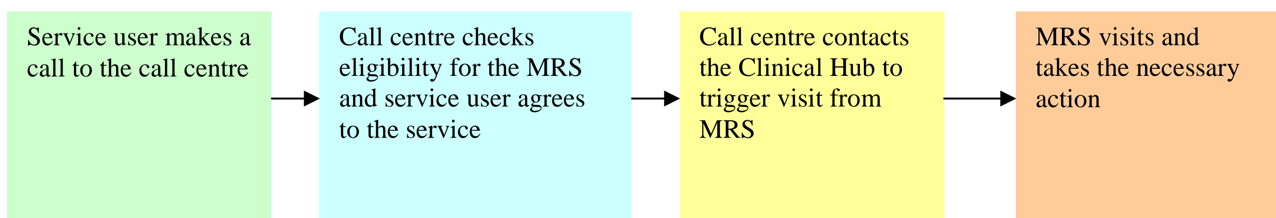
The type of need that could **not** legitimately result in use of the service includes:

- Non urgent issues or concerns
- All health emergencies – an ambulance or Doctor should always be called
- Ongoing treatments or services
- Activities that are the agreed responsibility of others, such as landlord duties, repairs

4. How do service users gain access to this service?

Access to the service is always through the alarm service, which means that any older person must have an eligible alarm service linked to a call centre. The call centre checks whether the service user is eligible for the service.

The access route into the service is illustrated in the diagram below:



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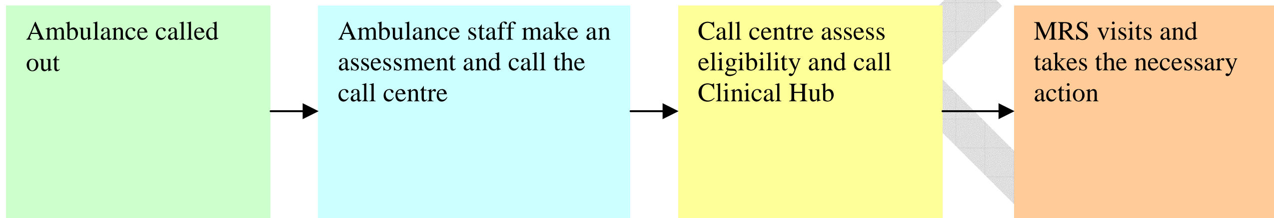
Calls for the MRS will be answered by the Ambulance Service Communications Centre (Clinical Hub), channelled through a dedicated telephone line. MRS workers will subsequently be dispatched via the Clinical Hub. Although the Clinical Hub will ask some questions about the service user's condition, in order to take a referral, and make an initial risk assessment, this will not constitute a full medical telephone triage.
However it is possible that an ambulance may initially called out, with the need for the MRS identified once the ambulance staff had made their assessment. In these circumstances the ambulance staff should contact the call centre directly. If eligible the MRS could be called out to respond. This process is illustrated below:



5. How is the MRS is provided?

On arrival at the service user's home, the MRS worker's role is to make contact with the service user, assess the situation, and implement the most appropriate action based upon the training, policies and procedures provided by SWAST. The staff member delivers (or arranges for delivery of) appropriate interventions, which could include the following:

- Assessment of the need for immediate interventions required to resolve the issues that led to the call being made. Any interventions resulting from this initial assessment are provided either by the MRS worker directly, or through the MRS worker liaising with/signposting to other parties more appropriate.

- Risk assessment in relation to the service user's immediate environment and condition, followed by appropriate actions to mitigate any immediate risks identified. This to be achieved either by the MRS worker directly, or by the MRS worker liaising with/signposting to other parties more appropriate.

- Offers of assistance to the service user aimed at helping them manage their health and well being, through the provision of advice, information and liaison with the landlord, support provider, and any other professionals involved in assisting the service user to live independently.

The secondary activity of the service involves the SWAST staff member visiting the service user by pre-arranged appointment, as opposed to unscheduled call out. However, whilst on these secondary activities, unscheduled call outs will always take precedence. The purpose of the scheduled visits may involve the following:

- Re-visiting service users, who have recently used the response service, at a more convenient time to complete closure procedures from of the original call out.
- Liaising with support staff at times when they are on duty.

As the MRS is not intended to provide an on-going service, the responsibility for any on-going interventions is passed onto the appropriate professionals.

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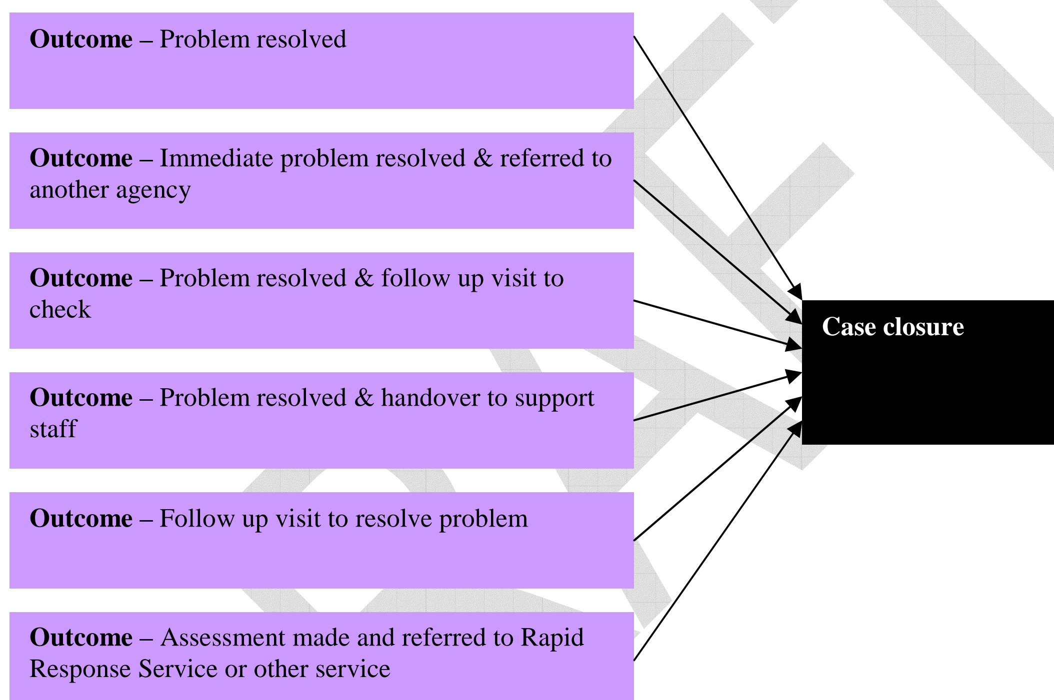
6. Outcomes of the MRS

The MRS is expected to provide a preventative service as a result of early intervention. The MRS therefore provides a fast response to a problem, with limited follow up, with the aim of ensuring that the person can remain at home and is linked into the appropriate service. This means that the MRS is intended to prevent people from needing to be admitted to hospital or other types of institutional care.

The MRS does not develop a care plan because of the nature of the service; however the MRS intervention should be recorded on a care plan where an individual has one. The MRS comes to a close when the problem is resolved, or the older person is linked to another agency; this is illustrated below:



The outcomes that the MRS has achieved to date include the following (some of which are illustrated with case studies).

- **Reduction in the number of hospital admissions**

The MRS is intended to prevent hospital admissions. The MRS staff can carry out an assessment and make a judgement about whether an individual can remain at home. This is illustrated by the case study below:

Case Study 1

The Mobile Response Service responded to a call from an elderly woman who had fallen and was unable to get up. On entering the service user's house she was found on her bed having spasms due to her Parkinson's disease. This was because she ran out of medication in the morning, and could not move due to her spasms. The MRS worker searched for the medication, or its empty container, and obtained a prescription from Devon Doctors and picked up the medication from an out of hour's pharmacy. Once she had taken the medication she was up on her feet and walking around. If this medication could not have been sourced then the service user would have been admitted to hospital.

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- **Linking older people into other services**

The MRS is not intended to provide long term support and instead it links older people into appropriate services. This may be a health or social care service or it could be a housing support service. Ultimately the MRS is intended to help people remain at home. This is illustrated by the case study below:

Case Study 2

The Mobile Response Service was asked by the control centre to attend an 87 year old woman who had had a non injury fall. Upon arrival the woman was on the floor in the kitchen. The worker assisted the woman to a standing position using the lifting strap and then assisted her into bed. When the woman was in bed she explained that she was experiencing pain in her left hip. Even though the service user had been mobilized, and was alert and aware of her surroundings, the worker thought it would be safer to have an emergency care practitioner (ECP) come and assess her further.

The ECP contacted the out of hours General Practitioner and arranged for the District Nurse to visit the individual several times throughout the evening to monitor her health and carry out a welfare assessment. The Rapid Response Service was also contacted to carry out an assessment. This way the person was able to stay at home with an appropriate level of care ensuring her health and safety was not at risk.

- **Aids and adaptations**

Enabling an older person to remain living in their own home can simply involve providing appropriate aids and adaptations. As a result of being called out the MRS can identify whether aids and adaptations may be required and arrange for these to be installed or a referral made to an appropriate agency. This is illustrated by the case study below:

Case Study 3

The MRS attended a call out from a 100 year old woman who had fallen and was unable to get up. She uses a walking frame to get around her home as her balance is very poor. She had fallen because equipment was not in place to help her with sitting and standing when using her toilet. This equipment involves a frame that surrounds the toilet, which also has a raised seat. The MRS worker sourced this equipment and arranged for it to be fitted. Records show that prior to the MRS call out, she was frequent faller, but since the equipment was fitted no further incidents have occurred.

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