

“Why not Home...Why not today?”

How Equipment can Aid Discharge...and deliver efficiencies...

**Diana Mackay**

**Commissioner (Adult services)**

**Cambridgeshire County Council**

[Diana.mackay@cambridgeshire.gov.uk](mailto:Diana.mackay@cambridgeshire.gov.uk)

Tel: 01223 715966

# The Cambridgeshire system & pressures...

- Population – **650,000**
- Mix of **urban** and **rural** communities
- **Two tier** local authority, plus **one unitary** (Peterborough), and **one CCG**
- Three **acute** hospitals (+ two on county borders)
- **Community** NHS Trust (CPFT) – includes 4 community hospitals
- **Reablement & Intermediate Care** services (D2A)
- **Home care** (independent sector providers)
- **Interim beds** (mainly step down) in care homes or Extra Care sheltered housing
- Integration with **Peterborough**
- **Early intervention & prevention**
- Budgetary pressures...ageing population...increasing complexity of need in the community...workforce recruitment and retention issues...lack of capacity in Home Care...lack of knowledge and skills within the workforce...lack of support for family carers...**Delayed Transfers of Care...**

# Telecare Enabled Discharge (TED)

## Why?

- DTOCs due to no lifeline or keysafe
- Readmissions where no telecare in place

## What?

- Supply telecare package for 6 weeks free of charge (lifeline, keysafe, sensors and detectors)
- Can be linked to Enhanced Response Service provided by Reablement, if there are no other contacts
- Client / family can then chose to continue to fund lifeline after 6 weeks
- Can include Just Checking Assessment Tool (JCAT)

## Benefits and outcomes...

- Majority of referrals are from Discharge Planning
- Saving hospital bed days, ambulance call-outs, A&E costs
- Telecare package at £372 vs hospital admission at £387 per day (based on Kings Fund calculations)

# The Double-Up Team

- **Evidence** from other local authorities (Suffolk & Somerset)
- **Invest to save** business case, 2013 (funding for two senior OT's + capital funding for ICES budget)
- Reviews of service users with **double-up packages of care** in the community
- **Reducing** the number of commissioned care hours in **45%** of cases
- Reviews of single-handed care where risk of being increased to double-up
- **Maintaining** SHC in **82%** of cases
- Better well-being **outcomes for people**
- Delivered **cashable savings** in terms of reduced home care costs of **£783K over the last 3 years**
- Delivering **avoided costs** of **£1.9m over last 3 years**
- Extra spend on **equipment** provision is around **£100K** per year
- Measuring **outcomes for people** – case studies & PIADS
- Working with the hospitals to support the **DTOC agenda...**

# Equipment for Discharge Project

## Presenting problems

- Default care package for people with complex M&H needs “QDS Double-up”
- Equipment on hospital wards compared to ‘community equipment’
- Knowledge, skills and confidence of acute in-patient therapists

## **DTOCs**

## What we are doing

- Loaning community equipment to two DME wards
- Targeted hands-on ‘demo’ sessions
- D-Up Team working alongside acute therapists
- Better prescription of equipment for discharge
- Moderate package of equipment £500 max
- Equipment package for complex needs £3K
- More SHC discharges...less DTOCs

# Final thoughts...

You really can  
“spend to save”  
& make a difference...



Equipment provision vs  
Housing Adaptation  
(a real story...)



# Any Questions?