THE PRODUCTIVITY INSTITUTE

Public sector impact studies

Healthcare: Augmenting social care to prevent hospital admissions

The problem

A significant number of frail, older people are admitted to hospital for preventable conditions like falls and urinary tract infections (UTIs), resulting in severe consequences for both patients and the healthcare system. The acute hospital environment is profoundly harmful for this group. Half experience functional decline, up to half become incontinent within 48 hours, and a single week's stay can strip them of 10% of their muscle strength.

This problem stems from a critical disconnect between social and primary care, where care staff who hold intimate, real-time knowledge of their clients' health, have historically lacked the simple tools and formal pathways to escalate early warning signs. This information bottleneck traps vital data, ensuring predictable health deteriorations escalate into damaging and high-cost emergencies.

This public sector impact study is based on a talk at Productivity Pitches, a series of events hosted by the Institute for Government and The Productivity Institute, which aims to share and support ways to improve public sector performance levels. The talk is available to watch on the Institute for Government's website.

The innovation

The 'Enhanced Care Model' developed by Care City is designed to bridge this critical gap between social care and primary care. The model's key components are:

Technology provision: Care workers are equipped with a kit of digital devices, including blood pressure monitors, pulse oximeters, and kits for UTI testing. These tools are elegant, user-friendly, and designed to provide immediate, clear readings. Each package of kit and associated software cost around £1,200 per year.

Skills development and new roles: The technology is accompanied by a training programme that provides care workers with the digital skills to use the equipment and interpret the data. This is complemented by the creation of new career pathways, such as an apprentice nursing programme in care homes and domiciliary care, which provide a crucial bridge between the two professional cultures.

Formalised escalation pathways: Crucially, the model establishes clear, agreed-upon pathways for care workers to escalate concerns directly to GPs and local community health trusts based on objective data derived from the equipment (e.g., a News2 score). This replaces informal, often ignored, communication with a structured and trusted process. This innovation helps to create a new, preventative layer of health surveillance within social care, enabling early intervention and preventing the need for costly and disruptive hospital admissions.

The impact

An independent evaluation of the Enhanced Care Model, covering 1,000 patients, demonstrated its profound impact on productivity and patient outcomes:

- *Reduced hospitalisations*: The intervention led to a 38% reduction in ambulance conveyances to A&E and a 25% reduction in overall hospital admissions. This represents a significant easing of pressure on the most strained part of the healthcare system.
- *Substantial cost savings*: The evaluation estimated a net saving of approximately £500,000 per 1,000 care recipients.
- *Workforce benefits*: The model frees up more time for value-added care activities and, by creating new career pathways, has the potential to improve staff retention in the historically challenged social care sector.
- *Improved collaboration*: A key qualitative outcome was the breakdown of institutional silos, and the fostering of a more collaborative culture. As one participant noted, it was the "first time that health and social care could be in the same room together".

"This innovation helps to create a new, preventative layer of health surveillance within social care, enabling early intervention and preventing the need for costly and disruptive hospital admissions."

Takeaways

The Enhanced Care Model illustrates how poor co-ordination between agencies creates a critical bottleneck in the public service delivery chain. A bottleneck is the point where the flow of work is constrained, limiting the entire system's output. The presentation argues that while downstream solutions like virtual wards exist, they fail to address the root cause of preventable admissions.

The true constraint is identified upstream. Care workers were already "spotting patterns of deteriorating health" daily, but this vital information was trapped, unable to flow to clinicians who could act on it. The model's success in reducing hospitalisations by 25% proves that relieving this specific co-ordination failure was the key to unlocking productivity across the entire care pathway.

Wrong pockets

This project also highlights what is often called the 'wrong pockets' problem. While acute NHS trusts receive substantial financial savings from the project, it is the social care organisations that must pay the upfront investment costs in technology and human capital. This structural misalignment of costs and benefits creates a systemic disincentive for preventative investment. Without integrated budgeting or gain-sharing mechanisms, it is difficult to justify funding an intervention whose main value is realised in another organisation's budget, thereby stifling whole-system productivity.

Trusted relationships

Moreover, the case study demonstrates that productivity gains from technology are not automatic. They are crucially dependent on adapting the ways of working of both care and clinical staff. Success hinged on redesigning the care worker's role and building new, trusted relationships across the health and social care divide.

However, a significant cultural and professional trust deficit obstructed the ability to make these changes. The innovation required care staff to perform tasks traditionally seen as clinical and to act as a formal node in a diagnostic pathway. For this new model to be viable, clinicians had to trust the data and judgements of care worker, a trust that was historically lacking.

The model's implementers therefore had to deliberately cultivate this trust. They achieved this through a dual strategy. First, by professionalising the care worker role with formal training and qualifications, which provided tangible assurance of competence. Second, by co-designing the clinical escalation pathways, which brought the different teams into 'the same room together' to dismantle scepticism and build mutual understanding.

Author: Joel Hoskins
Editor: Jim Pendrill

The Productivity Institute is an organisation that works across academia, business and policy to better understand, measure and enable productivity across the UK. It is funded by the Economic and Social Research Council. (grant number ES/V002740/1).

Find out more at **productivity.ac.uk**

Contact us at **theproductivityinstitute@manchester.ac.uk**