Agenda Item 7

Report to:	**Adult Social Care and Community Safety Scrutiny Committee**
Date:	**10 November 2011**
By:	**Director of Adult Social Care**
Title of report:	**Adult Social Care Reablement Update**
Purpose of report:	**To provide Scrutiny Committee with an update on progress of the development of reablement services (the Living at Home Service) to residents in East Sussex.**

RECOMMENDATION

The Committee is recommended to:

1. Consider and comment on the progress of reablement services in East Sussex

1. Financial Appraisal

1.1. The Living at Home Service net revenue budget for 2011/12, excluding management overheads at 10%, is £3.484m. The implementation of reablement has the potential to release significant savings which have yet to be quantified, but are described within Appendix 1.

1.2. Additional one-off funding has been received from the Department of Health, via the East Sussex Primary Care Trusts, to support reablement development activity which is detailed within the report: 2010/11 - £20,000 and 2011/12 - £120,000.

2. Background and Supporting Information

2.1 In line with key policy trajectories Adult Social Care transformed the traditional homecare service into a reablement service entitled the 'Living at Home Service' (LAHS).

2.2 So far this financial year (April – September 2011) the LAHS has supported 726 service users through reablement, 44% of those went on to receive no further support or care and a further 12% had a reduced care package. Length of stay is well below the national average for this service, at 25 days (42 days is the maximum permitted).

2.3 Adult Social Care has worked in partnership with the Department of Health's Care Services Efficiency Delivery (CSED) department to evaluate the service, develop improvement programmes and begin to model the financial impact reablement is having or could have on the local health and social care economy in East Sussex.

2.4 CSED concluded that LAHS has not reached its full potential, based on their methodologies for identifying potential reablement demand in East Sussex, stating that LAHS is only reaching 58% of the potential need.

2.5 Work has begun to improve the capacity and quality of LAHS to respond to this challenge. Initiatives include: recruitment drives, training, dedicated reviewing support to remove bottlenecks and improve throughput. Some of this activity has been funded through the additional reablement monies received from the Department of Health.

2.6 Together with CSED financial modelling work has been undertaken to understand the potential impact reablement is making and could make to the wider health and social care economy. Conclusions demonstrate potential savings against commissioned care packages and in spend on nursing and residential placements. Further work is ongoing to develop the modelling.

2.7 A pilot project is due to go live in October 2011 to explore the impact of reablement being delivered by independent sector providers and to service users already with a long term package of care at the point of review.

3. Conclusion and reasons for recommendations

3.1 Scrutiny Committee are recommended to consider the progress made to date.

Appendices:

1. Detailed progress report
2. Countywide Breakdown of Assessed Care Packages – April 2011 – October 2011
3. Therapy Outcome Measures
4. National Reablement Service Development information

Keith Hinkley
Director of Adult Social Care

Lead Officers:	Gemma Dawson, Intermediate Care Programme Manager Paul Welch, Living at Home Services Manager
Lead Members:	Councillors Elkin and Bentley
Local Members:	All

Background documents: None

Appendix 1

Detailed Progress Report

1. Introduction – Reablement in East Sussex

1.1 Reablement focuses on maximising people's long-term independence, choice and quality of life, while at the same time attempting to minimise the requirement for ongoing support. Through achieving these goals, reablement seeks to reduce the cost of support, by applying resources at the early stages of a service user's recovery process in an attempt to support independent living and delay or reduce the need for ongoing support.

1.2 The landmark transformation agenda of Adult Social Services, Putting People First, mandated a focus on the development of reablement services within the new personalised system of support. Effective reablement service delivery is at the heart of the new pathway for service delivery ensuring users are empowered to have maximum choice, control and power over the services they receive and are returned/maintained in independent living.

1.3 In December 2008, following a review of the in house homecare service, Cabinet recommended to reconfigure the service and transform it to deliver reablement. This included re-branding themselves as the Living at Home Service (LAHS). This has involved a cultural shift in ways of working, including the introduction of occupational and physiotherapists, the development of a bespoke reablement training programme (REAP) and continuing changing working practice.

1.4 LAHS recently also introduced Therapy Outcome Measures (TOMs). This provides a standardised and reliable measure of changes in service user's physical or psychological pathologies (Impairment), their involvement of the activities of life (Activity), social involvement and roles (Participation) and Wellbeing. LAHS use this data to assist in enhancing the effectiveness of the reablement programme as they effect change in the individual.

1.5 In July 2010 the joint Intermediate Care board agreed a three year plan to develop Intermediate Care services as part of the Integrated Plan. At the heart of the plan is the commitment to integration between health and social care with various service improvement initiatives to provide equitable clear services for both professionals and patients. The whole system approach seeks to unite reablement and rehabilitation into a seamless integrated person centred pathway.

Key benefits of the programme are:

- Equitable access and delivery of Intermediate care services across the county.
- Effective use of existing resources across the health and social care economy.
- Enhanced quality of care for individuals helping other people to realise their full potential as well as regain their health.
- Enhanced prevention role; promoting confidence and social inclusion therefore avoiding the need for institutional care or entry into long term condition services.

The Intermediate Care Programme, led by a joint health and social care board, is a whole systems approach to implementing and turning the strategic vision into action.

2. Current LAHS service profile and six months activity (1st April – 31st September 2011)

2.1 43.8% of LAHS services users go on to receive no further service as a result of reablement an increase of 11.8% compared with 32% in 2009/10 (see Appendix 2 – Countywide Breakdown of Assessed Care Packages). The target for 2011/12 is 45%.

2.2 12% of service users had their care package reduced, suggesting they are iteratively progressing into independence (and their cost is smaller)

2.3 During this period, approximately 2,910 weekly care package hours did not need to be put in place in the independent sector due to the positive outcomes of successful reablement (LAHS forecasting over 6,000 care package hours saved hours for 2011/12).

2.4 Average length of stay (LOS) in the service per service users is currently 25 days (below the six week time limit) suggesting the numbers of service users exceeding this time limit is minimal.

2.5 Large numbers of service users 24.8% did not complete the package of reablement (average length of stay for these service users are 16 days) and of those 62.3% were admitted or re-admitted to hospital with 42% of those within 7 days.

2.6 The LAHS have adopted a de-selective model of reablement; meaning that everyone is eligible for reablement (there is no criteria in place). However the service predominantly facilitates discharge from hospital wards (step down) as the highest source of referral across East Sussex at 68% with 32% of referrals coming from the community and hospital gateways (step up).

2.7 81% of users are over 75 years of age with the highest proportion over 85 years of age (45%).

2.8 During the period July 2011 to September 2011, 126 service users have been reliably assessed using the Therapy outcome measure (see Appendix 3 – Therapy Outcome Measures). This shows a mean average scoring increase of 0.55 for Impairment, 0.73 Activity, 0.64 Participation and 0.33 Wellbeing. The tool indicates that pathologies improved to a limited degree from moderate towards mild severity, as would be anticipated within a reablement service.

2.9 67% of staff have completed and currently participating in the REAP programme.

2.10 In 2010 – 2011 Adult Social Care, Listening and Responding to You Annual Summary, there were **336** (25%) responses from customer satisfaction questionnaires regularly given to service users by the LAHS teams. Overall 96% of users were either very satisfied or satisfied with their support given. The table below further highlights these in more detail.

Living at Home Service	Quarter 1 Apr-Jun 2010	Quarter 2 Jul-Sept 2010	Quarter 3 Oct-Dec 2010	Quarter 4 Jan-Mar 2011
Dignity & Respect	**99%**	**99%**	**100%**	**100%**
Independence Promoted	**95%**	**96%**	**95%**	**96%**
Informed Choices About Care	**88%**	**86%**	**92%**	**85%**
Physical Activity Encouraged	**95%**	**95%**	**93%**	**94%**
Involved in Review Process	**88%**	**86%**	**87%**	**87%**
Improved Quality of Life	**91%**	**89%**	**92%**	**86%**
Independent Living Enabled	**97%**	**90%**	**92%**	**96%**

2.11 The current LAHS unit cost is £47.52 an hour including management on costs of 10% (unit defined as one hour of staff direct contact time with a client). For the service user experience based on the average metrics (LOS and size of care package) the unit cost is £1,343 (this is under the national average of £2,088 which reflects the under average LOS in LAHS)

OP DPS Living at Home Service	BUDGET	ACTUAL					*20/10/11*	*2009/10*
inc 10% man fee		**Q1**	**Q2**	**Q3**	**Q4**	**Movement (Q1 to Q2)**		
Weekly Hours Available	4200	2792	2899			107	*2774*	*2599*
Average % face-to-face hours	60%	48%	47%			1%	*46%*	*48%*
Gross Unit Cost**/hr**	£26.61	£48.58	£47.52			-£1.06	*£49.83*	*£42.22*
ex 10% man fee								
Weekly Hours Available	4200	2792	2899			107		
Average % face-to-face hours	60%	48%	47%			1%		
Gross Unit Cost**/hr**	£24.15	£44.17	£43.20			-£0.97		

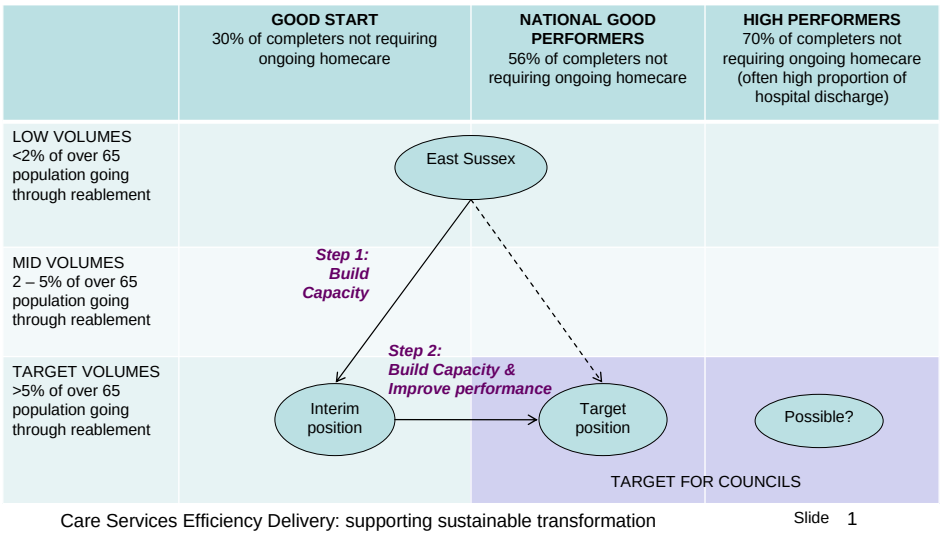
3. Service progression, development and benchmarking

3.1 For six months LAHS worked with the Department of Health's Care Services Efficiency Delivery (CSED) Reablement team to analyse and steer service improvement (see appendix 4 – National Reablement Service Development). Through working with CSED, LAHS have opted to use their recognised set of Key Performance Indicators to help measure the development of the service, and to use their calculator to forecast savings downstream from LAHS.

3.2 Through working with CSED LAHS have:

1. Adopted their recognised performance indicators to facilitate national benchmarking
2. Modelled using the CSED calculator potential savings downstream as a result of reablement
3. Worked to try and identify and model the actual savings/financial impact the LAHS has made to social care
4. Identified service improvement areas e.g. opportunities to increase volume and performance in the service.

3.3 CSED concluded that the LAHS has not yet reached its potential in terms of increasing both volume and performance highlighted in the table below.



3.4 CSED has highlighted the opportunity to improve service delivery and ultimately raise the number of people requiring no further service (and thus enlarging the preventative community care costs).

3.5 The Council have adopted a statistical average (based on data from councils with CSED) where on the average number of people completing reablement services is equivalent of 2.1% of the over 65 population. While there are variations across councils, this is a useful benchmark.

3.6 Based on this benchmark a target reference for the number of service users who could benefit from reablement in East Sussex is 2357 (2.1% of over 65 population in East Sussex which is 112,254).

3.7 With the annual volume of 1384 in 2010/11 the LAHS are reaching about 58% of the target potential.

3.8 Work is progressing to further increasing volumes and performance for example:

- Utilising additional reablement monies from the department of health, £20,000 was used to attach a dedicated assessor resource to the LAHS to remove any bottleneck on discharge from the service awaiting further social care support. This has resulted in a reduction of 15 days from length of stay for that pilot site. As a result of that progress, the reviewing resource has been continued as part of the ongoing additional reablement funds to maximise throughput. The additional reviewing capacity will form part of a wider resource to aid and promote faster and more frequent reviews within intermediate care.

- Amended the pathway for referrals to ensure greater opportunity to accept referrals from community settings (encourage more step up referrals and preventative approach) in particular from health professionals.

- An ongoing recruitment drive to recruit to full establishment of 4,200 support worker hours in 2012/13. Current capacity is at just over 3,400 hours. Recruitment has been a particular challenge with an average of 20% success rate from applications to position offer. Following a recent audit of 102 applications, 45% of applications did not meet the essential criteria, 18% of candidates failed to arrive for interview, 11%

were unsuccessful following interview and 6% withdrew following offer of employment.

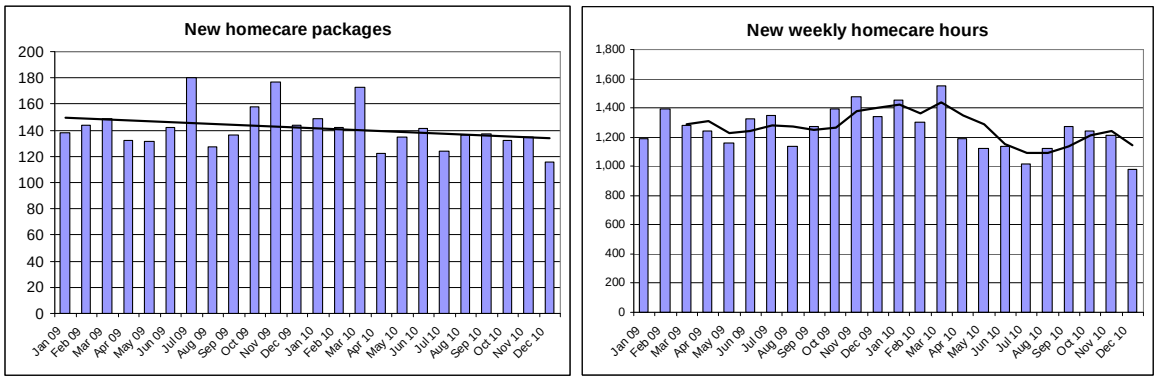
- Working with Strategic Finance to more robustly model with local East Sussex figures the CSED calculator to accurately be able to monitor and forecast the impact reablement services are making on the social care economy.

4. Potential impact LAHS has made on wider Social Care spending:

4.1 Additional work to more intelligently demonstrate the value and potential opportunity the LAHS has on the wider Adult Social service economy has been carried out with the support from CSED.

4.2 Using the CSED calculator, the gross savings impact of increasing volume and percentage of no on going care over a period of 2 years is highlighted is estimated at £4.2million. However, when modelled by in house strategic finance teams based on more up to date figures and local operating assumptions rather than national assumptions the service produces a significantly lower saving. Further work is continuing to more accurately model and project savings to inform business planning within Adult Social Care.

4.3 As part of the ongoing attempt to validate forecasting and to understand current impact we have analysed the volume and size of new long term home care packages.



Jan 09- Dec 10 New Home Care packages volumes

The volume of new homecare packages has decreased marginally since the inception of the LAHS. The trend is positive and moving in the right direction. It is also reflected in rate of hours, albeit a small decline.

4.4 In line with national research into the lasting economic and quality impact of reablement services, we have begun to audit service users six month- to one year post reablement to identify local knowledge around the lasting impact of reablement.

5. Wider reablement market development initiatives

5.1 A reablement within the Independent sector project has been launched, with a full PID developed. The Project is being drafted and discussed by the project steering group and expects to present to DMT for formal approval within the next month.

5.2 The project is the first step in a wider programme of testing and developing independent sector led reablement services to ensure compliance to the emerging SDS pathway and value for money for Adult Social Services. The identified objectives are:

- To gather intelligence on the potential financial benefits of introducing more reablement into the care pathway – to find out if there will be enough reduced or deleted packages of care to offset the cost of the reablement.
- Gain wider positive culture change of reablement throughout the council's adult social care teams.
- Reduce the number of people relying on homecare services in order to live safely in their own homes
- To stimulate the market into providing reabling services as well as traditional homecare, clear understanding of the change process and the speed of transition to delivering reablement services for independent providers.
- To gain an understanding or intelligence around methods of targeting those that will most benefit from reablement so that we utilise resources to the greatest impact.
- An improved focus on outcomes when commissioning independent providers.

5.3 The pilot will work with two independent providers; A1 Quality Homecare and Care at Home in the Hastings and Rye areas.

5.4 The pilot project will run for one year, estimated to support up to 223 service users projecting a £129,000 savings to Adult Social Care.

5.5 The pilot project is funded through the additional funds available for reablement with a budget of £100,000. The majority of this resource is allocated towards providing additional therapy and resource officer capability.

5.6 A bespoke training programme is being developed, utilising best practice from the in house REAP programme and additional training around reablement. The training will be provided free of charge to the independent providers as part of the pilot project.

5.7 A full project plan is available which identifies live implementation of the service in autumn 2011.

APPENDIX 2

Countywide Breakdown of Assessed Care Packages – April 2011 – October 2011

USER GROUP		NO OF SERVICE USERS		START		END		AVERAGE DURATION (days)
				Average care package hours (per week)	Range of hours (per week)	Average care package hours (per week)	Range of hours (per week)	
No further homecare package required at end of re-ablement phase		286		9.16 hrs	H = 34.50 hrs L = 2.00 hrs	0.00hrs	H = 0.00 hrs L = 0.00 hrs	30 days
Assessed homecare package at start reduced by end of re-ablement phase		78		11.50 hrs	H = 25.00 hrs L = 3.50 hrs	6.73 hrs	H = 14.00 hrs L = 1.75 hrs	35 days
Assessed homecare package at start maintained at end of re-ablement phase		110		9.68 hrs	H = 31.00 hrs L = 2.00 hrs	9.68 hrs	H = 31.00 hrs L = 2.00 hrs	30 days
Assessed homecare package at start increased at end of re-ablement phase		19		9.50 hrs	H = 18.50 hrs L = 7.00 hrs	13.80 hrs	H = 36.50 hrs L = 7.00 hrs	40 days
User did not complete re-ablement phase: e.g. referred to other services including LTC or health, declined service once started or died before end of re-ablement phase	**NC – Readmit to Hospital**	22	162	10.18 hrs	H = 38.00 hrs L = 3.50 hrs	9.74 hrs	H = 38.00 hrs L = 3.50 hrs	16 days
	NC – Admit to Hospital	79						
	NC – Admit to Nursing / Residential Home	27						
	NC – Death	6						
	NC – Service Declined	10						
	NC – Other	18						
	Non Starter	71		7.00 hrs	H = 17.50 hrs L = 0.00 hrs	0.00 hrs	H = 0.00 hrs L = 0.00 hrs	0 days
TOTAL		**724**		**9.50 hrs (average)**	H = 38.00 hrs L = 0.00 hrs	**6.65 hrs (average)**	H = 38.00 hrs L = 0.00 hrs	**25 days (average)**

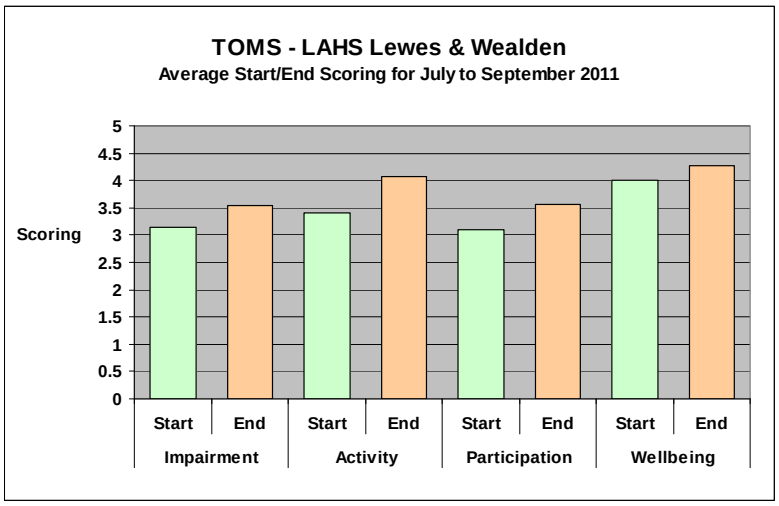
Therapy Outcome Measures

During the period July 2011 to September 2011, 126 service users have been reliably assessed using the Therapy outcome measure. This shows a mean average scoring increase of 0.55 for Impairment, 0.73 Activity, 0.64 Participation and 0.33 Wellbeing. The tool indicates that pathologies improved to a limited degree from moderate towards mild severity, as would be anticipated within a reablement service.

Sackville House

67 service users received TOMS between July and September 11

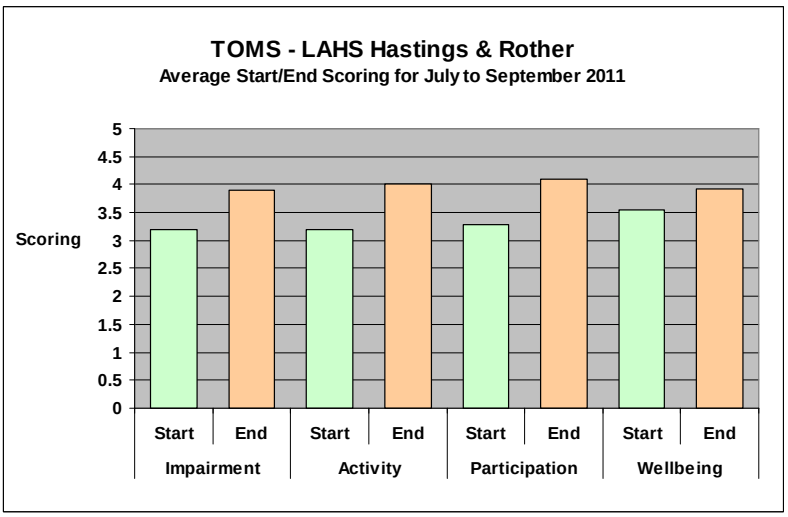
Average Impairment Score at;		Average Activity Score at;		Average Participation Score at;		Average Wellbeing Score at;	
Start	End	Start	End	Start	End	Start	End
3.14	3.54	3.41	4.07	3.10	3.57	4.00	4.28



Charter Centre

59 service users received TOMS between July and September 11

Average Impairment Score at;		Average Activity Score at;		Average Participation Score at;		Average Wellbeing Score at;	
Start	End	Start	End	Start	End	Start	End
3.20	3.90	3.20	4.00	3.29	4.10	3.54	3.92



At the beginning of the programme the average service user needed help consistently within their life tasks and could only perform these in specific environments. They were only able to autonomously carry out a limited number of social roles such as those with family and professional staff and were moderately but frequently emotionally vulnerable.

By the end of the programme the average indicates that service users were able to manage routine activities in an adapted manner or with only intermittent help in a range of environments. Service users more often only had difficulty in autonomously occupying social roles.

The average Wellbeing score did not change significantly. This might be in part due to the social complexity of some of these users and may also be reflective of a lag between learning to adapt one's abilities to life and integrating that change activity and participatory performance within one's sense and sense of belief. This data is beneficial to LAHS to help target and possibly amend the approach with service users.

National Reablement Service Development information

One of the main benefits for adopting CSED recommended performance indicators would be the ability to then carryout benchmarking with other reablement services. Reablement is a relatively new service area so information and benchmarking is not only useful for service development but also for market development. Information is provided from the CSED diagnostics work (CSED Master Class, Hampshire 18th January 2011).

Model of Reablement:

- Of the 149 of 152 Councils Social Service Responsibility 88% have a reablement service in place and are in the process of developing and expanding. Only 10% feel they have the service model developed fully.
- The majority of reablement services are focused on intake and assessment with just 22 services focused on hospital discharge only.
- Majority of intake and assessment models are selective (sometimes moving to de-selective) whilst the hospital discharge models tend to be de-selective.
- Majority of reablement services are delivered 'in-house' (114). 17 Local authorities have outsourced, the majority taking a mixed approach, outsourcing parts of the service. 3 local authorities have outsourced the whole of their reablement service.

Funding/Financial Information:

- 90 reablement services are exclusively funded by social services, where NHS were contributing financially it tended to be in employment of therapists rather than pooled budget arrangements.
- Reablement services consistently more expensive that conventional home care and the independent sector across the country – it currently costs more to do reablement.
- Typical reablement episode lasts for 39 days at a cost of £2,088, an average unit cost of £40. Many local authorities have higher unit costs and issues with utilisation (deficit hours).

Performance:

- Department of health recommend that 80-90% of new intake volumes should go through reablement. Of the 9 Local authorities in the south east only 3 are achieving that benchmark with the majority under 50% of new intake volumes. The Southeast as a region only achieves an average of 39% of new intake volumes accessing reablement compared to a 53% average nationally. Ensuring the reablement service is achieving the right volumes is clearly a struggle nationally but it appears an even greater challenge in the south east. This is a well rehearsed story in East Sussex.
- According to the longitudinal study it is possible to achieve 56% of reablement case load going on to receive no further support and 10-15% reduced care package post reablement. In the South East authorities (cohort of 9) the majority are achieving over 50% no further support required, with remainder achieving between 30-50%. Overall picture of performing well but against a backdrop of low volumes.

Research on longer term impact of Reablement services:

Headlines of research on longer term affects of Reablement on Social services has been completed by Social Policy research Unit based at the University of York. The short term impact of reablement are well documented, this research seeks to understand how long these benefits can be expected to last. The research focused on evaluating situations of clients one year after receiving a reablement service, compared to a control group of clients who received conventional home care. Headlines from the research are:

- Reablement had a positive effect on health related quality of life and social care outcomes compared to cohort who received conventional home care.
- Clients who received reablement used 60% less social care services post reablement longer term not just initially.
- Over the 12 months the total social care services used by the reablement cohort cost £380 less than the conventional home care cohort. Not a significant reduction but offset by higher health and social care outcomes.

- The reablement cohort tended to have higher health costs, partly due to high proportion accessing the service on discharge from hospital and high re-admission rates. Initially they had higher costs but in the longer term there was no significant differences between community and hospital discharge referral groups.
- Longer term the conclusion is that reablement is cost effective in relation to health related quality of life outcomes according to the NICE threshold (£20-£30k for each outcome gain – perhaps a question of judgement on the thresholds?)

Individuals discharged from hospital/recovering accidents or illness reported higher gains.