

Report to: **Adult Social Care and Community Safety Scrutiny Committee**  
 Date: **5 September 2013**  
 By: **Director of Adult Social Care and Health**  
 Title of report: **Integrated reablement and rehabilitation service update**  
 Purpose of report: **To provide an update and progress report in respect of the implementation of integrated rehabilitation and reablement services within East Sussex.**

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## RECOMMENDATION

**The Committee is recommended to consider and comment on the progress achieved to date in respect of integrated rehabilitation and reablement services.**

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### 1. Financial Appraisal

1.1 The Joint Community Rehabilitation (JCR) consists of Directly Provided Services (DPS) Reablement from East Sussex County Council and East Sussex Healthcare NHS Trust (ESHT) Community Rehabilitation services. Funding is through separate block contracts with East Sussex County Council - Directly Provided Services at £3,360,516 and East Sussex Healthcare NHS Trust (ESHT) at £3,916,597; the total value of the block contracts for JCR is £7,277,113.

1.2 From April 2012 additional investment reablement monies have supported the development of an integrated team with increased capacity and capabilities to jointly deliver key performance targets as described in the specification for an 'Integrated Domiciliary Intermediate Care Service'. The investment of £991,546, over two years, is being used to provide additional staffing covering a 7-day service, training and the cultural changes required to establish and sustain a highly effective community Intermediate Care team.

1.3 Nationally it has been possible to model the cost effectiveness of intermediate care and reablement services. In East Sussex, detailed local modelling using historical data, identified that reablement has generated £5.7m since 2009. Net benefits continue to accumulate as clients remain free of care. If the JCR continues with its current throughput and outcomes over the next 3 years, the net benefit to the local authority will be approximately £27m from 7 years of activity.

1.4 Additional benefits to the system for year 1, were the 1000 clients where JCR intervention prevented admission. Integration has enabled JCR to quickly assess and provide the elements, of therapy, nursing and /or personal care required, to address the individual needs of a client in crisis within the community.

1.5 The Adult Social Care Reconciliation, Policy, Performance and Resource (RPP&R) savings plan has identified £5m cash releasing savings to be delivered between April 2014 and March 2016, based on the outcomes from reablement.

### 2. Service Description

2.1 There is a national drive to bring Health and Social Care together to provide seamless, integrated services that meet current and future needs. Within East Sussex, the Joint Community Rehabilitation (JCR) provides an integrated Health and Adult Social Care service to meet the individual needs of clients in a coordinated way, maximising function and optimising their ability to live independently through the provision of rehabilitation and reablement (see Appendix 1).

2.2 JCR provides a time limited service, covering the whole spectrum of personal and domestic activities of daily living, medication and mobility assistance in combination with therapeutic input to enable a client to remain or return to their own home following an episode of illness or crisis.

2.3 All care is provided using a personalised reablement approach which reduces reliance on assistance, as functional levels improve. The involvement of therapists and nurses in providing rehabilitation ensures recovery and restoration of function. The JCR aims to increase client choice and quality of life and empower clients to improve and maintain their own health outcomes.

2.4 The JCR teams are co-located to enable effective and efficient integrated working. They provide services to people living within the East Sussex boundaries or are registered with an East Sussex GP.

### **3. Performance results for JCR for year 1 (April 2012 – March 2013) see Appendix 2.**

- 3.1 8659 clients were referred to JCR in year 1 of which 55% were from the community and 45% 'step down' from acute hospitals
- 3.2 Following JCR intervention, 74% of clients remained at home with no additional services.
- 3.3 Over 80% of all clients work towards agreed goals and standardised outcome measures.
- 3.4 1000 admissions were prevented during year 1. These were fairly equal over the area at:
  - 355 – Eastbourne, Hailsham and Seaford
  - 320 – High Weald, Lewes and Havens
  - 325 - Hastings and Rother
- 3.5 7-day per week service has been established in all areas
- 3.6 Co-location, joint training sessions and team building workshops have been run to increase Interprofessional working and promote understanding of the cultural and behavioural changes required.

### **4. Feedback from Clients**

- 4.1 JCR has received a good return rate of client evaluation reports with 96% of all clients who have returned surveys, reporting they are satisfied or very satisfied with the service.
- 4.2 Client forums have taken place in each locality. Client feedback has been used to continually develop the JCR with a client reference group being established for year 2.

### **5. Future Developments**

- 5.1 Year 1 has seen a substantial amount of workforce redesign for JCR, with staff changing hours, locations and enhancing their skills to provide the multi-skilled workforce required to work across health and social care boundaries. It is essential that year 2 provides a consolidation period to strengthen these integrated teams and further increase quality and the specialist input required for complex cases.
- 5.2 A 12 month pilot in the Hastings and Rother area demonstrated that the independent sector can deliver reabling homecare and that this was a cost effective way to increase capacity. Learning from the pilot highlighted the need to allow sufficient time for the cultural and behavioural changes required from staff and provision of detailed training and ongoing support to the provider.
- 5.3 To facilitate the independent sector to understand and adopt the new way of working, the JCR has been commissioned to provide a training and support programme by an Occupational Therapist over the next 12 months. This training will enable independent sector homecare providers to deliver reabling homecare during 2013/14, which is ahead of the RPP&R plans. This will also ensure that reablement is embedded in service provision ahead of the new community services contract that will start in 2014/15.
- 5.4 Training and support from JCR for the independent sector providers will increase the reablement capacity in East Sussex to meet the RPP&R savings targets (Appendix 3). Triaging will enable cases requiring complex intervention to be seen by JCR, while more standard reablement will be provided by the independent sector.

### **6. Conclusion and Reason for Recommendation**

- 6.1 Significant progress has been made in developing integrated rehabilitation and reablement services within East Sussex. The additional investment has enabled the JCR to prevent unnecessary admissions and increase the number of people who can live independently and remain within their own homes. Use of the independent sector should increase this number; further reducing the need for ongoing health and social care intervention, and helping to alleviate the financial pressures faced by Health and Social Care.
- 6.2 It is recommended that the Committee continues to review the ongoing development of the integrated rehabilitation and reablement services by receiving an update in a year's time.

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Local Members: ALL

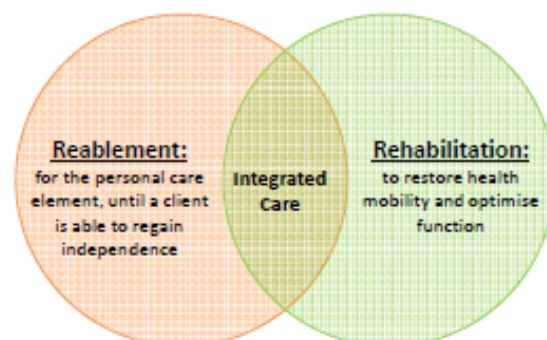
Background Documents: None

## Joint Community Rehabilitation (JCR) service

Joint Community Rehabilitation (JCR) is a joint venture between East Sussex Healthcare NHS Trust and East Sussex Adult Social Care. The aim is to promote independence through the provision of personalised rehabilitation and reablement within the client's own home.

The integration brings together Rehabilitation Support Workers, Occupational Therapists, Physiotherapists, Nurses, Speech and Language Therapists, Dieticians and Podiatry from Intermediate Care services across East Sussex.

## JCR Integration



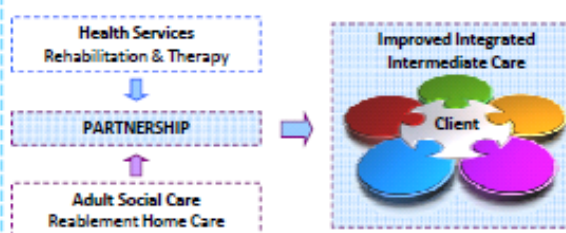
## Eligibility Criteria

- ❑ Clients must be 18\* or over and registered with a GP within East Sussex.
- ❑ Clients must be medically stable\*\* be at optimum stage/benefit from a specified period of rehabilitation/reablement.
- ❑ Client must have identifiable goals for rehabilitation or reablement.
- ❑ Client must consent to community intermediate care services.

## Find out more ...

Please contact: Caroline Lees, Implementation Manager for Community Services Integration on [caroline.lees@eastsussex.gov.uk](mailto:caroline.lees@eastsussex.gov.uk)

## Benefits of Integrated Services



## Improved Outcomes

- ❑ Avoid unnecessary admission to hospital.
  - ❑ Avoid unnecessary admission for long-term care.
  - ❑ Increase choice with options to remain at home.
  - ❑ Reduce duplication – clear pathways.
  - ❑ Promotion of function and independence.
- THROUGH**
- ❑ Rehabilitation to regain health and function.
  - ❑ Reablement to relearn and adapt.

## Drivers for change

- ❑ National and Local Policy and Guidelines emphasizing the need for 'joined-up' services.
- ❑ To respond to needs of increasingly older population suffering from multiple health problems.
- ❑ Feedback from clients and carers for need for integrated services.
- ❑ Commissioning intentions for East Sussex.
- ❑ Quality, Innovation, Productivity and Prevention (QUIPP) agenda.

## Intermediate Care

**Aim:** To prevent admission and support discharge through goal based therapy providing:

- ❑ Promotion, maintenance and restoration of health, movement and well being.
- ❑ Specific interventions to limit the effects of disability and promote independence in all aspects of daily life.
- ❑ Regaining skills with personal care and domestic activities.
- ❑ Health promotion.
- ❑ Assessment and advice of communication and swallowing difficulties.
- ❑ Development of skills and confidence to regain mobility and engage in meaningful activity.

## Performance after 12 Months

- 1000 admissions to hospitals prevented
- 8659 clients referred to JCR during 2012 – 2013 – of which 20% were declined as not appropriate for JCR
- 96% of clients satisfied or very satisfied with JCR service
- Client forums run in each locality – client feedback used to continually develop JCR with client reference group to be set up in year 2
- 74% of clients remained at home with no additional on-going services
- Over 80% of clients work towards agreed goals and outcome measures
- 55.5% of clients referred from the community (Step-Up)
- 27% non completers for reablement (60% of these were admissions or re-admissions to hospital)
- 9% of clients were accepted but did not start as medically not fit for discharge or client declined
- 7-day per week service established in all areas
- Teams co-located at Eastbourne and Lewes
- Joint IT system developed to capture KPIs
- Governance documents developed

## Evaluating Effectiveness of Intervention

83% use of Therapy Outcome Measure Score (TOMOS), which is a standardised measure capturing levels of:

- Impairment
- Activity
- Participation
- Well-being

82% of clients with personalised goals.

96% of clients satisfied with JCR. **Comments include:**




*"Without JCR I would have had to go into hospital – Thank you."*

*"Overwhelmed by the quiet, efficient and pleasant manner of all staff. My return to fitness and health is evidence enough of the successful outcome."*

*"Thank you for giving me the confidence to achieve my goals."*



KEY PERFORMANCE INDICATORS		TARGET 12/13 Baseline Year 1	QUARTER 1		QUARTER 2		QUARTER 3		QUARTER 4		Annual totals	Average for yr
			Totals	%	Totals	%	Totals	%	Totals	%		
1	Volume of referrals		2126		2131		2119		2283		8659	
2	Proportion of referrals that were inappropriate & never seen		355	16.7%	413	19.4%	469	22.1%	498	21.8%	1735	20.0%
3	No of clients starting reablement/rehabilitation		1556		1383		1603		1282		5824	
4	No of clients ending reablement/rehabilitation		861		1176		1587		1552		5176	
5	Referrals source for all clients (identifying caseload classification - step up, down, LTC palliative care etc)	Step up	1194	56.2%	1273	59.7%	1114	52.6%	1218	53.4%	4799	55.5%
		Step Down	932	43.8%	858	40.3%	1005	47.4%	1065	46.6%	3860	44.5%
		Dementia	48	5.5%	38	4.0%	89	7.2%	55	4.8%	230	5.4%
		Fall	163	18.8%	182	19.1%	350	28.3%	288	25.4%	983	22.9%
		LTC	136	15.7%	159	16.7%	365	29.5%	331	29.2%	991	22.7%
		Palliative Stroke	21 9	2.4% 1.0%	25 16	2.6% 1.7%	55 24	4.4% 1.9%	61 26	5.4% 2.3%	162 75	3.7% 1.7%
6	No of clients that did not complete programme - complete with reasons eg readmission etc	10%	127	18.7%	169	17.2%	234	14.7%	221	14.2%	751	16.2%
7	Average length of stay (days)	42 Day (6 wks)	22.3		25.1		29.0		30.6		27	
8	No of hours face to face support per client per week (averaged)		Available for Qtr 4									
9	Size of support delivered per episode of support per client in hours		Available for Qtr 4									
10	Primary diagnosis upon referral & reasons for intervention		Data from Eastbourne		See Rehab Charts		See Rehab Charts		See Rehab Charts			
11	No of people who remain at home following reablement/rehabilitation with no additional ongoing support	55%	286	75.3%	655	66.6%	1241	78.2%	1209	77.9%	3391	74.5%
12	Staff utilisation rates, face to face hours (including essential client related admin/phone calls etc - but not travel)	50%		43.2%		41.1%		41.7%		42.5%		42.1%
13	Weekend working		Rehab from Qtr 3				See Rehab Charts		See Rehab Charts			
14	Rapid response for all referrals	Low	57	21.0%	76	10.1%	227	18.3%	126	11.1%	486	15.1%
		Routine	135	49.6%	290	38.4%	619	50.0%	658	58.0%	1702	49.0%
		Urgent	26	9.6%	91	12.1%	167	13.5%	199	17.5%	483	13.2%
		Rapid	54	19.9%	163	21.6%	225	18.2%	152	13.4%	594	18.3%
15	No of clients with agreed goals (meets CQC outcomes for personalised care)	75%		81.5%	780	78.5%	1310	82.5%	1314	84.7%	3404	81.8%
16	No of clients with standardised outcome measure used (to evaluate effectiveness of interventions) Use of therapy outcome measure (TOMS) on referral & discharge capturing levels of : Impairment, Activity, Participation, Wellbeing			82.8%	752	75.7%	1267	79.8%	1242	80.0%	3261	79.6%

 Limited information - not covering all areas  
 Total figures for all JCR areas  
 Rehab figures only



### Appendix 3 Projected net benefits of Reablement following financial modelling exercise

1.1 The Adult Social Care RPP&R savings plan has identified £5m savings to be delivered by March 2016 based on the outcome of reablement.

1.2 Departments across Adult Social Care have been working together to evaluate the impact of reablement in East Sussex to date, and develop a financial modelling tool to identify the level of activity needed to generate these savings through reabling homecare in the future.

1.3 The evaluation included analysis of: the cost of reablement services, outcomes achieved, cost of alternative provision, break even points and longitudinal benefits. This data has provided a means to quantify the historic benefits of reablement from the Joint Community Rehabilitation Service and the independent sector homecare pilot in Hastings and Rother. A robust methodology to model potential future savings from reablement activity has also been developed.

1.4 The analysis shows that the JCR (LAHS) has generated net savings of approximately £5.7m since its establishment in 2009 to March 2013. The net benefits for this reablement activity will continue to accumulate over the coming years as significant numbers of client remain free of care for years after the reablement period. If the JCR continued its current throughput and outcomes over the next three years the net benefit to the local authority will be approx £27m from 7 years of activity (Table 1). This is significant benefit to the local authority but as this is "business as usual" and not cashable savings it does not contribute to the Adult Social Care RPP&R savings plan.

1.5 The provision of reablement by independent sector homecare providers is critical to increasing the capacity in reablement in East Sussex, as the JCR does not have capacity to provide a service to all the clients in East Sussex who may benefit from reablement. Analysis by Contracting and Purchasing Unit and Strategic Finance has identified that there are approximately 1500 additional clients each year that may benefit from reablement.

1.6 Using the Reablement financial modelling tool, it is estimated that an additional £5.3m net savings could be generated if the independent homecare sector were skilled up to provide reablement by the end of 2015/16 (Table 2). To take this forward the JCR has been commissioned to provide training and support to the independent sector, with the intention that the provision of reablement will be a significant element of the tender of the Adult Social Care Community Services Contract.

**Table 1**

<b>Historic and potential savings from reablement from JCR (£000)</b>											
Year of reablement	Additional cost of reablement	Benefit realised from those cases leaving with no immediate ongoing care								Additional benefit from	Net benefit
		2009/10	2010/11	2011/12	2012/13	2013/14		2015/16	Subtotal		
09/10	527	127	605	436	290	-	-	-	1,457	73	1,004
10/11	2,199	-	1,949	2,914	2,293	793	-	-	7,950	287	6,037
11/12	2,506	-	-	2,307	3,732	2,461	993	-	9,492	189	7,176
12/13	2,769	-	-	-	2,470	3,525	2,506	891	9,392	91	6,713
13/14	2,655	-	-	-	-	2,094	3,000	2,122	7,216	139	4,699
14/15	2,674	-	-	-	-	-	1,629	3,171	4,800	140	2,265
15/16	2,603	-	-	-	-	-	-	2,053	2,053	136	-414
<b>Total</b>	<b>15,933</b>	<b>127</b>	<b>2,554</b>	<b>5,657</b>	<b>8,785</b>	<b>8,873</b>	<b>8,127</b>	<b>8,237</b>	<b>42,360</b>	<b>1,055</b>	<b>27,482</b>

**Table 2**

<b>Potential savings from reabling homecare in independent sector over next three years (£000)</b>							
Year of reablement	Additional cost of reablement	Benefit realised from those cases leaving with no immediate ongoing care				Additional benefit from reduced care	Net benefit
		2013/14	2014/15	2015/16	Subtotal		
13/14	13	192	511	360	1,064	20	1,070
14/15	96	-	713	1,780	2,493	59	2,457
15/16	203	-	-	1,844	1,844	142	1,783
<b>Total</b>	<b>312</b>	<b>192</b>	<b>1,225</b>	<b>3,984</b>	<b>5,401</b>	<b>221</b>	<b>5,310</b>

