

<b>Healthier Communities Select Committee</b>			
<b>Report Title</b>	Reablement - a whole system collaborative approach to health & social care in Lewisham		
<b>Contributors</b>	Executive Director for Community Services / Interim Head of Adult Social Care	Item No.	5
<b>Class</b>	Part 1	Date:	4 <sup>th</sup> September, 2013

## **1. Purpose**

- 1.1 The purpose of this report is to set out the current National Government policy on Integrated reablement, explore the vision for Lewisham and explore potential alternatives for the provision of service delivery. The report also provides a cost analysis of reablement and evidence of the cost effectiveness of such a service both in monetary terms and in relation to the effectiveness of short term focused intervention in delaying the need for longer term care.

## **2. Recommendations**

- 2.1 Members of the Healthier communities Select Committee are recommended:
- To note the content of this report,
  - To note that the service will continue to develop so that it is fully integrated with Health, Housing and CCG in line with the programme of care collaboration across health, and social care,
  - To note that options are being considered regarding the service delivery model and provider.

## **3. Policy Context**

- 3.1 The national drivers towards providing a prevention integrated reablement service are derived from the following key legislation and national drivers.
- 3.2 The Health and Social Care Act 2012
- Requires that the provision of any health or social services in the area work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

- Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.

### 3.3 Integrated care and support: *Our Shared Commitment* launched May 2013

*System of health and care is under more pressure than ever before. People may be living longer, but often they are living with several complex conditions that need constant care and attention ..... All these people need continuous care and support and the right systems and resources to enable that.....We need major change and we are determined to act. This means building a system of integrated care for every person in England. It means care and support built around the needs of the individual, their carers and family and that gets the most out of every penny we spend.'*

## 4. Background

- ### 4.1 Social care departments in England have developed short term, specialist home care reablement services. Reablement is particularly focused on developing service users' confidence in relearning self care skills and thereby increasing their independence.

*Reablement is significantly associated with better health related quality of life and social care related outcomes compared with conventional home care<sup>1</sup>.*

Research has indicated positive outcomes for reablement services across a variety of outcome measures, including a reduction in future care. An evaluation of Edinburgh Council Home care Reablement Service found that home care hours were reduced by 41% for individuals receiving reablement over a 6 week period of intervention, and 60% of those individuals required fewer hours of care after the reablement process<sup>2</sup>.

An evaluation of Home Independence Program (HIP) in Perth, Australia which provided a short term restorative programme of care for older people with dementia found improved outcomes of functional dependency, morale, confidence in performing everyday activities without falling and functional mobility in comparison with a control group<sup>3</sup>. A later randomised control of 750 people assigned either to the HIP group or 'usual' home care found that individuals from the HIP group were significantly less likely to need further care in the future<sup>4</sup>.

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<sup>1</sup> Glendinning, C (2006) outcomes focused for older people SCIE

<sup>2</sup> Mcleod & Mair (2009)

<sup>3</sup> Lewin et al (2010)

<sup>4</sup> Lewin et al (2013)

A recent evaluated study conducted in Southwark<sup>5</sup> demonstrated that over a period of 6 months that there was a significant decrease in overall Fair access to care (FACS) levels from substantial to moderate. It also highlighted that there was an increase in individuals taking responsibility for their own health and social care needs and a desire to make positive changes.

The Royal Borough of Greenwich have evaluated their reablement service and found 62% of service users not requiring an on going service and a 36% reduction in service.

#### 4.2 Lewisham Context

Since 2010 the London Borough of Lewisham moved from a traditional in house homecare service to a reablement provision in line with government policy direction. Hitherto this service has been a standalone service provided by an in-house team assisting with hospital discharges, prevention of individuals being admitted into hospital and focussing on ensuring that individuals can remain within their own home in the community.

This service has overlapped and complemented the already established health focussed 'intermediate care' services, which 'is a range of services to promote faster recovery from illness, prevent unnecessary hospital admission, and support timely discharge from hospital and maximise independent living'<sup>6</sup> by providing rehabilitation.

The vision in Lewisham is to provide an integrated enablement service through the merging of the existing various Intermediate care and reablement services to become a fully integrated and holistic team with a care collaboration approach.

This service will:

- Ensure that individuals 'tell their story once'<sup>7</sup>
- avoid duplication in processes and work 'smarter'
- make maximum use of less resources
- provide effective outcomes to individuals
- provide a single point of access for professionals and public

The newly integrated Enablement model complements and supports the Personalisation agenda, which truly puts individuals at the centre and in control of their own lives in order to self determine their individual outcomes.

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<sup>5</sup> Reidy, Webber Rayner & Jones (2013)

<sup>6</sup> CESD Homecare reablement toolkit 2010

<sup>7</sup> National Voices transforming care 2012

Enablement embraces 'Putting people first' and focuses on developing independence in the community and helping people to take more responsibility for themselves. It reinforces and supports the shift away from a responsive acute hospital based service to a proactive community based one in line with our whole systems vision.

Reablement helps people to accommodate their illness or condition and maximise their level of independence by learning or relearning the skills necessary for daily living.<sup>8</sup>

The service is a non chargeable service for a period of *up to 6 weeks*, after which normal charging rules apply if an ongoing care package is required.

Table 1.0 demonstrates the volume of enablement referrals, users of the service and outcomes. The percentage of conversion are in **bold**.

	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>
Number receiving a service	71	126	192
Number of clients without any ongoing support service	38 <b>53%</b>	66 <b>52%</b>	100 <b>52%</b>
No with decreased care package post reablement	33 <b>47%</b>	58* <b>46%</b>	90* <b>47%</b>

\*differential in numbers due to death of service users

A further in-depth audit and analysis of the service is being conducted and first indications suggest that the Lewisham service achieves above the national average with regard to conversion of those not requiring ongoing care or a reduced care package post intervention.

Joint working with performance officers is ongoing to ensure that the data complies with The National Adult Social Care outcomes framework.

To ensure the service meets the process for ongoing evaluation and review, it is equally important to gain feedback from service users and their carers. The following extracts from the evaluation process demonstrate the effectiveness of meeting outcomes for service users.

*'Reablement has helped me to regain my independence, thank you, I am able to cook my own dinner'*

*'My Enablement worker was very caring and thoughtful and made me feel at ease, with her help I am achieving my goals'*

*'I found this proactive nature of the service very useful and has helped my confidence to live again'*

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<sup>8</sup> CESD Homecare reablement toolkit 2010

## 5. Options to consider regarding future delivery model

Following the integration of the health and social care programme, adult social care and health partners are jointly considering the options for providing the most effective outcome based service to meet the growing demand of service and demographics.

Local authorities in England have outsourced many parts of adult social care. Reablement services are not immune to this potential change. Research indicates that back office functions and procurement have been commonly outsourced<sup>9</sup>.

Frontline services working with vulnerable adults have hitherto been reluctant to outsource due to various factors, the high public profile, being subject to inspection and regulation that contribute to high media and political attention. Quality assurance of service provided by the private sector has been of great concern especially due to recent high profile cases such as Winterbourne View.

Putting people First Transforming Adult Social Care published a toolkit – *Internal v External Getting an equivalent service comparison*<sup>10</sup>. Studies have shown that the private sector have difficulties in recruiting and retaining good frontline staff. This sector is more likely to pay around/just above the minimum wage, and many of them use controversial ‘zero hours contracts’.

This has an impact on the delivery of the quality of care provided with many vulnerable adults receiving substandard care or no care at all, leading to safeguarding concerns<sup>11</sup>.

However, Hertfordshire County Council has successfully outsourced their reablement service and reduced the hourly rate. This included working in partnership with a single external countywide provider and introducing payment by results through their robust commissioning processes.

The geography, demographics and market of Hertfordshire County Council varies greatly from that in Lewisham.

The Royal Borough of Greenwich use a combined model of both in house and agency staff to provide the service with a ratio of 5:1 (inhouse:agency).

Brent Council provide an ‘reablement assessment’ service, where the ongoing ‘reabling’ is conducted by external agencies.

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<sup>9</sup> Improvement and development agency Kings College London 2008

<sup>10</sup> Putting People First Transforming Adult Social Care 2008

<sup>11</sup> Improvement and development agency Kings College London 2008

## **6. Financial Implications**

- 6.1 Established methodologies have been used in a study to ascertain the typical unit cost of reablement. A typical reablement episode in the five study sites cost £2,088 with a range of £1609 to £3575<sup>12</sup>. The means cost per hour of reablement in 2010 was £40 per hour<sup>13</sup>.

Current London Borough of Lewisham 2013 estimated cost for reablement is £60 per hour. There is a current ongoing time motion audit of the breakdown of activities encompassed within this hourly figure

Studies have demonstrated that in relation to reablement up to 60% of savings have been shown in the cost of subsequent social care provision<sup>14</sup>.

There is good evidence from studies that reablement not only improves outcomes for people who receive services, but also that reablement removes or reduces the need for ongoing conventional home care.<sup>15</sup>

In Lewisham approximately 65% do not require any ongoing care. More detailed analysis is ongoing to further support this data.

## **7. Legal implications**

- 7.1 Members of the Healthier Select Committee are informed that under Section 195 Health and Social Care Act 2012, the Council and Health has a duty to encourage integrated working between the persons who arrange for health and social care services in the area.
- 7.2 The LGA and NHSE statement on 8th August 2013 'Integration Transformation Fund' clearly states that with better integrated care and support, the Integration, Transformation Fund (ITF) will encompass a substantial level of funding and it will help deal with demographic pressures in adult social care<sup>16</sup>.

## **8. Crime and Disorder Implications**

- 8.1 None.

## **9 Equalities Implications**

- 9.1 The equalities implications of an integrated enablement model have been developed involving users. None of the users with protected characteristics will be disadvantaged by the implementation of this model.

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<sup>12</sup> Glendinning et al (2010)

<sup>13</sup> Glendinning et al (2010)

<sup>14</sup> SCIE Reablement a cost effective route to better outcomes 2011

<sup>15</sup> As per 11

<sup>16</sup> NHSE & LGA Integration Transformation Fund 2013

## **10 Environmental Implications**

10.1 None

## **11 Conclusions**

11.1 The Healthier Select Committee is well placed to support the provision of enablement across different services. Members can facilitate local implementation at scale and pace and ensure delivery of high quality care, better experience for the service user and their family and improved outcomes.

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