REPORT FOR: CABINET

Date of Meeting:	17 November 2011
Subject:	Reablement - First Year Evaluation Report
Key Decision:	No
Responsible Officer:	Bernadette Flaherty, Divisional Director, Adult Social Care
Portfolio Holder:	Councillor Margaret Davine, Portfolio Holder for Adult Social Care, Health and Wellbeing
Exempt:	No
Decision subject to Call-in:	No
Enclosures:	Appendix 1: Reablement Triageopoly Board Appendix 2: Reablement Menu Card Appendix 3: Reablement Outcomes

Section 1 – Summary and Recommendations

In October 2010 a whole systems review led to the development of a Reablement service in Harrow. In keeping with the Department of Health's CSED (Care Services Efficiency Delivery) recommendations, Adult Social Care realigned structures to form the new innovative Reablement service from within existing resources. Staff and services were moved to create a Reablement provision with a critical additional element of funding received from the Harrow Strategic Partnership.

HarrowCOUNCIL
LONDON

This report provides analysis of the effectiveness of the Reablement service in terms of both improved outcomes and efficiencies. The new Reablement service has concentrated on new service users in the 1st year of operation and in future Reablement will be extended to existing service users.

Recommendations:

Cabinet note the following:

1. Harrow's Reablement service was successfully introduced in October 2010 following a user led development pathway, which has resulted in the unique triageopoly model.

2. The Reablement service is on target to meet efficiency targets and has evidenced delivery of improved outcomes.

Reason: (For recommendation)

To inform and update Cabinet of progress since the introduction of the Harrow Reablement service and to illustrate the associated improvements in outcomes for adults with social care needs.

Section 2 – Report

2.1   Context

2.1.1   Harrow established the new Reablement service on 25th October 2010 as a key part of the overall transformation of Adult Social Care and the whole systems approach adopted in Harrow.

During 2009-10 The Local Authority positively responded to the opportunity for joint working between the council and health partners and developed the Reablement care approach. Reablement represents a fundamental shift in the way that care needs are assessed and provided. Future projections on Harrow's Adults Social Care (2011) indicate average annual growth of 7.4% in new Adult Social Care referrals. In order to meet Government efficiencies over the next three year period, Harrow Adult Services need to work towards a significant reduction in the current budgeted expenditure.The increasing focus on financial performance is a major driver for Councils to consider alternate models of delivery such as Reablement for Adult Social Care Delivery. Our approach was a full realignment of the customer journey starting with Reablement. The advancement of the Information and Advice Strategy in 2010/11 and integration with Shop4Support has enabled the realisation of funded resource (via Voluntary sector SLAs) and non-funded resource (social capital e.g. community groups) through Reablement.

This is an example of how the Reablement service is providing for people with low level needs through existing budget. The tracking of the outcome of this information and advice will feed into our commissioning intentions and allow us to maximise our effectiveness from within existing budgets

2.1.2   Reablement is embedded within the Department of Health's Vision for Adult Social care (2010), which aims to devolve power and control to communities and people, including the most vulnerable people so that they can lead more independent and fulfilled lives. In line with this ethos FACs (Fair Access to Care Services) eligibility is not applied at the front door of Reablement. This means that Reablement is available to people with a range of care needs from low to high dependency. The suite of Reablement services offered enables adults referred for support to be provided with choice from a menu of services and to receive a tailored Reablement service for a period of up to 6 weeks. The principle of Reablement is to assist people to regain lost skills, with the emphasis on support to carry out daily tasks for themselves, in order to replace the need for social care support. Prior to this, someone presenting with high levels of care needs would essentially have been allocated a large package of home care or a placement in Residential care. Reablement is provided free of charge 'where it meets the legal definition of intermediate care, as required by the Community Care (Delayed Discharges etc) Act (Qualifying Services) (England) Regulations 2003'.

2.1.3   The customer journey commences when contact is made with Access Harrow's First Contact Service. This streamlined approach ensures that adults with care needs are directed to Reablement and are offered a service from a suite of Reablement services. Reablement services provided include; Advice and Information, Assessment and sourcing of Equipment, Telecare, Reablement Home Support and access to the Reablement Skills and Support Programme.
In a small number of cases such as those involving complex safeguarding issues or where a case involves other statutory responsibilities, these cases go directly to the Long Term Care Team rather than remain with the Reablement Team.
A multidisciplinary Reablement Team provide a range of social care and occupational therapy skills in completing assessments and providing Reablement support. Two Homecare Agencies currently work in partnership with the Council to recruit and train separate Reablement support staff. These staff provide a broad range of support to Reablement service users from regaining confidence in mobility skills to cooking, shopping and achieving independence in personal care tasks. Where the need for services beyond the 6-week period of Reablement have been identified, the Personalisation Team will build on the assessment completed in Reablement and apply FACs criteria to determine eligibility for on-going services. Clients who are FACs eligible will be supported to receive personal budgets to meet their on-going care needs.

2.1.4   One of the drivers, summed up in Harrow's Joint Strategic Needs Assessment is the requirement to support the local population in maximising their health and well being, and to provide early intervention and Reablement for vulnerable groups. Creating Reablement as a non-FACS model supported the Council Corporate priority 2010/11 "Supporting & protecting people who are most in need". Adult Service's strategic direction is towards the prevention agenda and by making the Reablement service non-FACS we have been able to support the wider community.

2.1.5 The requirement to move towards greater integration between health and social care is signalled in both the Health and Social Care Bill (2010) and the Public Health White paper- Healthy Lives, Healthy People (2010). The Reablement service developed, promotes increased integration across health and social care Substantive evidence shows that timely bursts of social care reablement can either prevent hospital admission or post hospital transfer to long term care, or appropriately reduce the level of ongoing home care support required. The benefits include maximised independence and minimised whole life cost of care Reablement has increasingly become a pivotal element of available Intermediate Care Services. Planning and joint work with Brent and Harrow PCT demonstrates the importance of Reablement provision as part of the pathway of care for patients on discharge from hospital or to prevent admission or readmission to hospital.

2.1.6 The Draft Adult Services Plan (2011-14) includes Reablement as one of the key projects designed to deliver significant savings whilst improving service user outcomes. Reablement performance monitoring suggests that the service is on target to achieve savings of £350k in the current financial year. During the next financial year (2012/13) further savings of £750k are planned to be delivered. Further, in 2013/14 a £900k saving is planned (a total of £2m savings over 3 years) The 2013/14 savings will require the mainstreaming of Reablement to all service users. It is anticipated that proposed changes to Intermediate Care health services will place additional pressures on the Reablement service that may offset some of these planned savings.

2.2 Design

2.2.1 Following a successful initial Reablement pilot at the beginning of 2010, the Reablement service was established in October 2010. The new service built on experience and learning gained from the early pilot. A series of meetings, smaller workshops and consultation sessions culminated in a large workshop attended by over 50 service users, carers and community representatives in a meeting held early in autumn 2010.

The cutting edge Reablement Triageopoly (see Appendix 1) design developed through this user and stakeholder engagement reflects the ethos of accessibility and choice, which is central to Harrow's Personalisation Agenda. The name Reablement Triageopoly and related branding was drawn from ideas shared by users, carers and the voluntary sector, during this consultative process. In its title those principles of joint working and "Reabling" is commonly used in social care and "triage" is a word associated commonly in the clinical world, but together they define the process of assessment received and related to service provision. It established the principle of joint working, which has underpinned the development of the new service

2.2.2 The Reablement service has continued to evolve through continuing informal review and feedback from service users, staff and external professionals who have contact with the service. An example of this feedback was the identified need for mobility and support to be provided outside of the home in group settings. As a direct consequence, a new Reablement Skills and Support Programme has been developed to meet this need and is currently being provided in Bentley Neighbourhood Resource Centre. This compliments the other menu of services available through the Reablement service (see Appendix 2).

2.2.3   A robust formal outcomes and financial tracking process has been established to effectively monitor Reablement. Information is collected at entry, during Reablement, on exit from Reablement and also post Reablement at 3 months, 1 year and 2 years. This will provide detailed information on the short, medium and longer-term benefits of Reablement.

2.2.4   Mental Health service users receive a Reablement type service through the Recovery model. This ensures that people with mental health issues can receive assessment and therapeutic support for a period of up to 6 weeks. The Reablement team has also identified the opportunity to signpost Mental Health clients to therapeutic services through partnership working with MIND in Harrow.

2.3   Outcomes

2.3.1   A body of evidence is contained within the Homecare Reablement Discussion Document published in January 2007 and subsequent performance in Leicestershire and other Local Authorities highlighted higher levels of independence being achieved for Reablement recipients. Further longitudinal studies commissioned by CSED (Care Services Efficiency Delivery Unit) demonstrated that **53% to 68% of Reablement Recipients left reablement requiring no immediate homecare package** and 36% to 48% continued to require no homecare package two years after reablement. Of those that required a homecare package within the two years after reablement: 34% to 54% had maintained or reduced their homecare package two years after reablement[1].

Diagram 1 illustrates Harrow's Reablement performance on the Department of Health's Framework. **Harrow has an average performance rate of 84.6% of Reablement service users requiring no further service**, with more than 5000 people receiving Reablement services from October 2010 to July 2011. Harrow has also significantly exceeded the volume target of 5% of the total over 65 population (=1600 of our 32000 65+). Unfortunately, the Department of Health has not yet provided a definition of Reablement that allows for direct comparison between Authorities. Harrow has chosen a broad definition of Reablement but these initial results are encouraging nevertheless.

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[1] http://www.dhcarenetworks.org.uk/csed/homeCareReablement/

Diagram 1

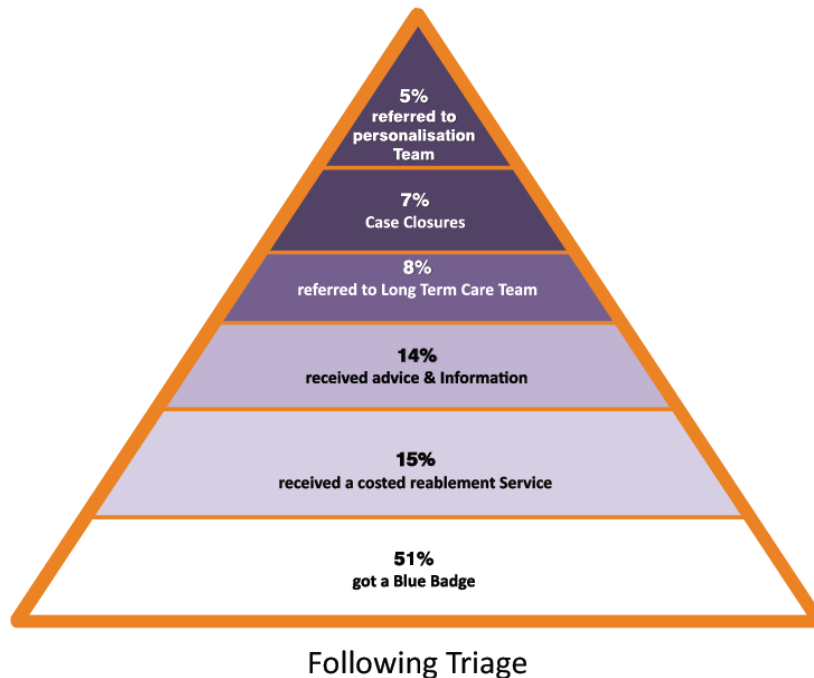### Department of Health Reablement Performance Framework
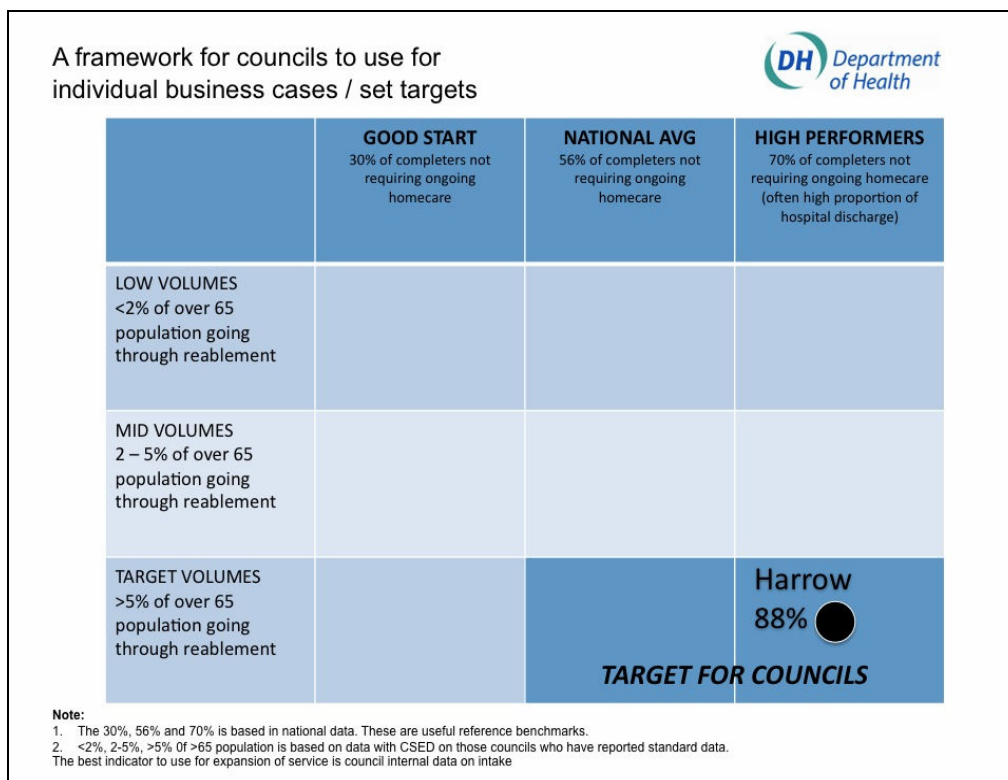
Plotting Harrow's performance against the DoH framework suggests Harrow has made a very positive start.

2.3.2   Diagram 2 illustrates how the Reablement service has met the needs of a sample cohort. Cohort 4 consists of 649 people who came through Reablement between 17th January and 14th February 2011. It is evident from this cohort that the majority of the services users have had their needs met through receiving non-costed Reablement services such as advice and information. Tracking is a key element of the Reablement service and this information is already showing that the provision of timely advice and signposting can mean that many people do not require any further services for at least 1 year following Reablement. Tracking data allows the service to understand changing needs and respond with targeted cost effective services.

Diagram 2

Outcomes Following Reablement Triage

Pyramid diagram, top to bottom:
- 5% referred to personalisation Team
- 7% Case Closures
- 8% referred to Long Term Care Team
- 14% received advice & Information
- 15% received a costed reablement Service
- 51% got a Blue Badge

Following Triage

2.3.3   The Reablement service was established through the major realignment of Adult Social Care. This involved a substantial shift of existing resources and achievement of £1m savings. The total cost of the service is £1.5m (achieved from within existing budget), which includes a 500k purchasing, budget. The only additional funding support required for the whole programme was received from the Harrow Strategic Partnership for a time limited period of 2 financial years: 2010/11 and 2011/12.

2.3.4   Adult Social Care ensures that a strong approach to Quality Assurance is provided in all areas of delivery. This means that Independent, Provider, Consumer/Citizen and Professional challenge are in place to measure and monitor performance. Through this rigorous approach a range of positive outcomes have been identified over the past year of operation of the Reablement service. Four key outcome areas: Access, Prevention, Efficiency, and Universal Offer each of these areas represents improvements in outcomes provided through the introduction of Reablement for people with social care needs (see appendix 3). The most recent sampling survey carried out in September 2011 illustrates how effective Reablement can be. Comments received include:

" Wonderful service offered, follows through at all stages"
"Excellent quick service, so helpful. I am grateful for the service"
"The Reablement worker has supported me in going out in the community on my scooter, which is enabling me to gain confidence, as I haven't been out for a year"

2.3.5   A fundamental element of the new Reablement service as described earlier is the tracking system. The 2010 DOH visit by Ian Winter (Regional Director-DHSS) endorsed the work of the department as "Remarkable" and a "cornerstone of the next stage of health and social care development".

'Tracking of Reablement cases to date gives positive results and shows that 94% of Reablement recipients were satisfied or very satisfied with the service. Tracking also measures whether people reported that their situation has improved in a number of outcome areas.

2.3.6 All Reablement recipients are assessed with a category of the level of care required prior to Reablement service provision and also following receipt of a costed[2]* Reablement service. This allows information on any changes in levels of care to be collated. From analysis of the data from cohort 4, only 89 people received a costed Reablement service. When we look at changes in category (5 being highest dependency and 1 the lowest dependency), an improvement in category of on average 1.4 is demonstrated. The associated home care hours required pre and post Reablement also drops 4.1 hours on average (from 6.3 to 2.2 hours). The high cost packages in Adult services relate to high dependency of needs and here the provision of Reablement clearly demonstrates a drop in both the hours required and category of dependency.

2.3.7 The benefits of reablement are evidenced by the reduction in the categories of care required on an ongoing basis. On the basis that the average home care package without a period of reablement required 6.3 hours at a cost of approx £5500 per annum, and a package following reablement suggests 2.2 hours at a cost of approx £1900 per annum, this suggests a reduction of £3600 per package per year. The costs of an average package of reablement i.e.; 7hrs per week for 6 weeks results in a cost of £600, and so a net benefit of £3000

2.3.8 The above analysis demonstrates the impact of Reablement on the cost of care and supports the financial modeling that Reablement will achieve its efficiency targets of £350k in 2011/12, £750k in 2012/13 and £900k in 2013/14. However after this 3-year period further improvement and efficiencies may prove more challenging. National research into the affects of Reablement suggests that after 18 months of not requiring an ongoing service, individual needs increase and further services are required.

2.4   What's next

2.4.1 The introduction of Reablement in Harrow has made a considerable difference not only to the way in which services are delivered but more importantly to the experience and outcomes for Reablement service users. Real improvements can be seen in qualitative measures such as improved health and well-being and quality of life for people with high levels of dependency. The high levels of satisfaction reported by people who have received a Reablement service further support this as do the demonstrated improvements in category of dependency and a corresponding drop of on average 4.1 hours required for people with on-going care needs, following Reablement.

There is sufficient evidence from the 1st year of operation to suggest that the service is on track to deliver efficiency targets. Continued quality assurance and tracking will allow further improvements to be made. The Reablement service continues to build on the level of advice and support provided to a range of

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[2] A costed Reablement service includes home support and those services involving additional cost.

Adults with social care needs in Harrow. This includes integrating and facilitating delivery of key prevention initiatives such as the Delivering Warmer Homes Strategy.

2.4.2 The Draft Adult Services Plan (2011-14) plots the future development of the Reablement Service with 2012/13 highlighted for further service development and partial integration with Health. 2013/14 is set for the mainstream of the wider prevention agenda and full integration with Health.

Recommendations

Cabinet to note progress on the development of Reablement in Harrow

Environmental Impact

N/a

Risk Management Implications

Covered by the EQIA

Equalities implications

The development of Reablement has been and continues to be based on on-going consultation and contributions from a range of stakeholders including service users and carers, voluntary and community organisations, Harrow PCT and Northwick Park Hospital. Initial workshops held with a range of service users and carers and Voluntary and Community organisations led to the development of the unique Reablement Triageopoly design model of Reablement for Harrow.

A full Equalities Impact Assessment on the overall restructure of Adult Social Care including Reablement was completed and signed off by the Directorate Champion and Corporate Equalities Officer. No adverse effects on any of the projected characteristics were identified.

The whole Reablement service is targeted to address inequality amongst all disability groups and Older People. Strong case study evidence drawn from sample surveys and high levels of customer satisfaction demonstrate that enabling people to remain in their own communities has achieved a positive outcome for everyone especially people of BaME communities. Market development has led to the provision of specialist services, many of which are culturally specific and accessible to all sections of the communities in Harrow.

Finance Implications

Comments absorbed in the body of the Report

Performance Implications

Comments absorbed in the body of the Report

Corporate Priorities

Supporting and protecting people who are most in need

Section 3 - Statutory Officer Clearance

Name: Donna Edwards	x	On behalf of the Chief Financial Officer
Date: 21 October 2011		
Name: Sharon Clarke	x	On behalf of the Monitoring Officer
Date: 13 October 2011		

Section 4 – Performance Officer Clearance

Name: David Harrington	x	On behalf of the Divisional Director Partnership, Development and Performance
Date: 21 October 2011		

Section 5 – Environmental Impact Officer Clearance

Name: Andrew Baker	x	On behalf of the Divisional Director (Environmental Services)
Date: 17 October 2011		

Section 6 - Contact Details and Background Papers

Contact: Jonathan Price- Head of Service Reablement and
          Personalisation
Tel: 020 8424 1963

Background Papers: N/A

Call-In Waived by the Chairman of Overview and Scrutiny Committee	**NOT APPLICABLE** *[Decisions for Noting are not subject to Call-in]*

Appendix 1: Reablement Triageopoly Board

Appendix 2: Reablement Menu Card

Reablement menu
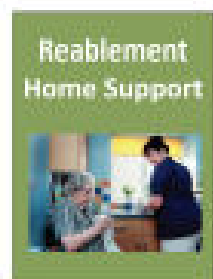
Reablement Home Support

A care worker will visit you at home and support you to carry out those everyday activities that are important. These may include:
- washing and dressing
- meal preparation
- household tasks / shopping
- getting out of the house
- getting involved in social and community activities

Home based Meal Support

You may be somebody who requires support with meal preparation. Our reablement support workers will work with you to ensure that you are able to prepare regular meals for yourself.
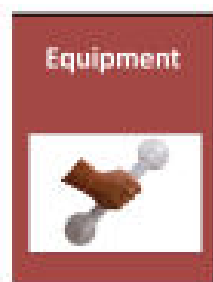
Equipment

There are many types of equipment which may be loaned to you for a short time. For
example, raisers to make your chair or toilet higher so that its easier to stand up or sit
down. This will be discussed with you at the beginning of your reablement.
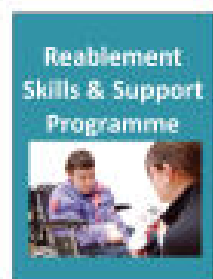
Reablement Skills & Support Programme

This is a 6 week programme run once a week for 2 hours, in a group session.
The programme is designed around your needs and includes managing conditions at home and in the community. The programme could include;
Improving movement, managing tiredness, coping with pain, nutrition, managing anxiety, relaxation, finding out about other support and activities available in the community.

Telecare

Telecare is a service which provides you with the support to lead independent lifestyles. Telecare equipment is linked to Harrow's Help;ine service. This makes it possible to call for help and assistance when needed. Sensors can be added around your home, and these automatically send an alarm to the Helpline Operators if they are activated.

Appendix 3: Reablement Outcomes

Efficiency

- 88.8% of users had a reduced level of need following reablement (random sample)
- £350k efficiency target met in 2011/12

Access

- Single Point of Contact and Adult Social Care Provided
- Recommendation from CQC (mystery shopper) generic point of access
- Service user feedback – generic teams
- Rapid response linked to hospital discharge
- 1.4 Delayed discharges (NI 131) due to social care

Univeral Offer

- Improved signposting through shop4support
- Universal advice and information through Access Harrow and the Reablement Team

Prevention

Reported improvements of people who received a costed reablement service:

- 94% of recipients judged the service to be satisfactory or above
- 63% of recipients judged the service 'good' or 'very good'
- 27% of recipients with the highest level of dependency reported improvement in their Quality of Life and Well Being
- 26% of recipients with the highest level of dependency reported improvement in their level of choice following reablement