SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel  DATE: 22nd June 2011

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Report of the Slough Reablement and Enhanced Intermediate Care Implementation Programme

1. Purpose of Report

To provide an update to Panel on the Slough Reablement and Enhanced Intermediate Care Service implementation programme and report on the progress made following an earlier report to Health Scrutiny Panel on the 25th October 2010.

2. Recommendations

The Panel is requested to:

a) Note the progress of the Enhanced Intermediate Care and Reablement programme to date.

b) Comment on the developments made by the Enhanced Intermediate Care and Reablement implementation programme.

3. Key Strategy Priority

a) Health and Wellbeing - Adding years to Life and Life to years

Enhanced Intermediate Care and Reablement services provide targeted intervention at the early stages of a service user’s recovery, maximising people’s long-term independence, choice and quality of life, and minimising the requirement for ongoing support.

4. Other Implications

a) Financial

The development of Reablement and Enhanced Intermediate Care services has no financial cost impact to the council. There is an efficiency savings target attached to the service delivery of the Reablement service of £200k in 2011/12 and a further £200k in 2012/13. These savings were delivered following the Reablement service specification sign-off in April 2011. By working collaboratively with Berkshire East Primary Care Trust (PCT), the Enhanced
model of delivery has attracted PCT investment in additional response capacity to the value of £400,000 per annum, for the next 2 years.

b) Equalities Impact Assessment

Enhanced Intermediate Care, that consists of end of end of life care, therapeutic interventions to avoidance hospital admission and to facilitate discharge, including urgent care rapid response, is provided jointly with health services. Access is provided to any person identified to have a health care and rehabilitation need that can be improved with intervention outside of acute hospital care.

Reablement is a new service made available to all adults from the age of 18 years who refer to Adult Social Care assessment services and who are assessed as meeting the eligibility criteria under the national Fair Access to Care Policy (FACS). In Slough the FACS eligibility criteria is set at substantial and critical need. All adults in Slough who meet these criteria will be entitled to the service regardless of religion, race, gender, disability and sexual orientation.

An Equalities Impact Assessment Initial Screening has been undertaken to inform the recent development of Reablement Services in Slough

c) Workforce

It is the responsibility of Slough Borough Council to consult with and re-train staff in accordance with all restructures and service change programmes. A formal consultation process was undertaken during December 2010 to inform the remodelling of the Council’s home care service into the new Reablement model of delivery. The staff consultation was completed in January 2011, and subsequently implemented with only minor changes in response to staff feedback. Training of home care staff has been completed to equip them for the new Reablement Assistant and Reablement Supervisor roles, responsibilities and functions. The training has included an e-learning course, extensive therapy led training courses and on the job training as part of the Reablement Assistants and Supervisors induction programme. All staff took up their new posts on 1st April 2011, with no redundancies.

5. Supporting Information

Background

5.1 On the 20th September 2010 Cabinet gave approval to continue the implementation of the Slough Reablement programme and have the service fully operational by the 1st April 2011. In October a report was submitted to Health Scrutiny, outlining the service proposals and the implementation plan. This programme has now been completed.

5.2 For some years now, Slough Borough Council and Berkshire East PCT have had a pooled budget agreement to jointly commission, and provide, an Intermediate care service (ICT) in Slough. Reablement provides additional capacity and access to ICT interventions for adults with long term conditions who are entering health and social care system through different pathways. In this respect Reablement is a supporting and complimentary service to ICT and forms part of the new enhanced IC offer in Slough. The Council has invested the total annual budget of in house home care into
this service, net of the invest to save efficiencies noted in financial implications above.

5.3 The opportunity to develop ICT responses has also been facilitated by new two year funding streams from the Department of Health. In December 2010 the Department of Health announced new funding to be spent jointly with the PCT. This funding is to be used for services which have joint benefits for both Health and Social Care. Priorities for spend were identified jointly between GPs, and Senior Council and PCT officers. Additional investment in Reablement, Intermediate Care, Stroke Care and End of Life Care services have been identified as priorities.

5.4 The service specification for Reablement and enhanced care service functions and outcomes can be found in Appendix 1. This is supported by a new Section 75 pooled budget agreement (Appendix 2).

The Enhanced Intermediate Care Model

5.5 The Enhanced Intermediate Care Service in Slough has been developed to provide ‘whole system’ rehabilitation and integrated health and social care support to patients entering the health and social care economy through different care pathways. There are four service components, of which Reablement is one, each reflecting the different pathways:

- **Intermediate Care** – An existing short-term intervention service designed to increase the independence of people who might otherwise face unnecessarily prolonged hospital stays, or inappropriate admission to hospital visa A&E or into residential care. The care is person centred, focused on rehabilitation and delivered by a combination of professional therapists.

- **End of Life Care** - The service provides integrated health and social care and support to enable to people at the end of their life to die at home if this is their wish to do so. The service provides additional capacity to and compliments existing terminal care provision, and extends access to people who have conditions other than cancer. The service is free.

- **24/7 Rapid Response** – This Provides rapid response hospital avoidance to the urgent care centre and following GP and Ambulance service triage. The service provides a 2 hour rapid response and is available 24/7 for up to a period of 3 days. Since February this element of the service has been provided on an interim basis by Berkshire Community Health Services however from July 1st 2011 will be fully operational and run by Slough borough Council. The service is free.

- **Reablement** - Provides intensive support to either prevent people from being admitted into hospital or for people leaving hospital to minimise the chances of re-admission, and is available to all adults who refer to adult social care services and meet adult social care eligibility criteria. The aim of this service is very similar to intermediate care. That is support to increase users’ levels of independence and improve quality of life, while at the same time seeking to reduce the need for ongoing support. Like the Intermediate Care service the service is free the first six week period in line with DoH guidance. In If the service is required for longer than six weeks there may be a charge to the service user dependant upon a financial assessment. The need for the therapeutic intervention is assessed and determined by qualified Occupational
Therapists and Physiotherapists, who are part of the Reablement team. These therapists also monitor progress at key points during the intervention period. On a day to day basis the agreed care plan is implemented by domiciliary Reablement Assistants, supported by Reablement Supervisors.

What did we say we would do and what have we achieved?

5.6 At the Health Scrutiny Panel in October 2011, officers reported on the proposals to develop the Reablement service and outlined the programme plans to ensure the service was fully operational by 1st April 2011. During the 6 month implementation period the following key milestones were achieved:

a) The formal staff consultation process would be signed off by Senior Management, Unions and HR, launched in October 2010 and completed in January 2011.

b) All staff from the in house home care service have received training to deliver the new reablement model to the required standards.

c) The needs and requirements of all service users in receipt of the “old” home care service were reassessed, and their care arrangements successfully transferred to an alternative care provider of choice. Service users were also provided with a choice as to their preferred time of transfer across a three month period from January and March 2011.

d) The Enhanced Intermediate Care specification, that includes the provision of Reablement and End of Life Care was completed and agreed with the PCT by March 2011.

e) Resourcing negotiations with Berkshire East Primary Care Trust have also been completed resulting in an additional £400,000 per annum of new investment funding over a 2 year period.

f) To ensure probity and governance the joint arrangements with the PCT have been included within a revised Section 75 pooled budget.

g) The Reablement Service went live on 1st April 2011.

Service Principles and Standards

5.7 In developing the Reablement Service the Council has adopted best practice principles and service standards recognised by the Social Care Institute for Excellence.

5.8 The principles of the service are:

- Increased choice and control for people eligible for adult care services
- Person-centredness: Service users should have more control and choice over how their support needs are met and provided.
- The role of adult social care is to help people to maintain or regain their independence, regardless of age, disability, ethnicity or personal circumstances.
- The role of adult social care professionals is to support service users to achieve the desired outcomes that have been identified in the Reablement support plan.
- Not all service users want to or are able to plan for and achieve the outcomes identified in their Reablement support plans, so they must receive assistance to do so, when necessary.

5.9 The service standards include:

- **Information**: Reablement services should be well promoted with clear information about what the service can offer and who is eligible at the earliest times.
• **Culture**: staff should be well trained in promoting independence and should have a Reablement ethos, doing “with” rather than “for”.

• **Confidence**: self-esteem and confidence are crucial to Reablement. They should be the primary focus of each person’s outcomes plans to incorporate peoples wishes and desires.

• **Social Inclusion**: coupled with this, services should promote community activity and social integration.

• **Avoid discrimination**: Reablement should be open to anyone who might benefit, irrespective of their condition or disability. It’s not just for older people

• **Multi-disciplinary work**: Reablement should be well linked in to other services such as mental health support. This will allow specialist input when needed

• **Include Carers**: often informal carers need support as well as the “user”. This team approach helping both together will double the impact of Reablement.

• **Emotional support**: don’t underestimate the importance of supporting people with their emotional and psychological needs.

• **Handovers**: ensure a smooth transition to on-going services (for those who will need them). We don’t want all the hard work to be undone and continuity is important.

**Performance and Outcomes**

5.10 The new service will be measured against local and national key performance indicators agreed with the PCT. These are:

- The number of people remaining in their own homes following 91 days after intervention (National)
- Reduction in the number of emergency hospital admissions. (Local)
- 100% of responses to crisis referral within 2 hours. (Local)
- Prevention of delayed discharges. (National)

5.11 Within the first 5 week period of this year Reablement service being fully operational, (1st April -30th April) there has been:

- 119 residents of Slough with long term conditions referred to the service for a therapist assessment.

5.12 Of these referrals:

- 91 (77%) have been provided with Reablement intervention.
- Only 15 (12.6%) residents’ health care circumstances were assessed as inappropriate for the service and provided with alternative care provision, and a further 13 are still in receipt of inpatient care as they were not medically fit to leave hospital at this point in time.
- Of the 91 residents, 47 residents accessed the service through discharge planning arrangements, to increase their independence and recovery at home.
- 57 residents accessed the service following a referral to the Adult Social Care services with the aim of promoting their independence.
- 28 residents of the 91 have already completed their 6 week Reablement intervention programme and are successfully living at home without the need for ongoing support.
- It is important to note that the success rate of the ICT service for 2010/11 was 94%, (the number of people remaining in their own homes following 91 days after intervention). This puts Slough in the top quartile. Early indications are that the Reablement service will match this high percentage rate of performance.
In addition 10 residents have been supported at home through end of life care, and,

5.13 Service User feedback is also an important part of evaluating performance and service standards. As part of the review process, the views of service users are being routinely captured. The client summarises below contain just some of the feedback received (permission to publish this information was sought and approved by the service users):

Service User 1 (SU1)
SU1, 84, lived an active life before developing COPD (a lung condition). She was going blind in one eye and had two strokes. She was referred to the Reablement service after a stay in hospital, SU1 had physiotherapy every day for around eight weeks at her home in the Pines Extra Care facility in Wexham.

SU1 said: “I was hopeless when I started but they were wonderful and got me back on my feet. I had no strength at all but they helped me to wash and dress myself and in the end I could do it all by myself.”

Service User 2 (SU2)
SU2 is 74; he had a fall at home and was on the floor all night which led to him being hospitalised for over seven months.

Though he had physiotherapy at hospital, it was when he was transferred to the Highway Unit and the Reablement service stepped in that things really started to change.

SU2 said: “Without those people I’d still be stuck in hospital. The therapists are marvellous people, I didn’t realise how wonderful therapy could be until I had it”. “You do need determination and will power as I still do my exercises every day, but they helped me to wash and shave on my own”. “Coming to live at the Pines is the best thing I ever did and the therapists are 200 percent fantastic.”

Service User 3 (SU3)
SU3 fell at home; he suffered from arthritis and had broken his back. His stay in hospital was less than pleasant but then he was moved to the Highway Unit where he met the Reablement service. He was in the Highway Unit for three weeks with therapy every day with exercises as well as washing and dressing. He made rapid progress.

“I looked forward to the sessions as it meant I made progress,” he said. “My objective was to get back to where I was before. And though my mobility isn’t the best I am back at home”.

“I am so pleased to be out of hospital and am very impressed by the dedication of the people here. If I hadn’t had the intensive therapy I wouldn’t be where I am today.”
Next Steps

5.14 The Council with local health care services will continue to implement the enhanced IC model and ensure that all the pathways are operational by mid summer 2011. The important implementation work currently in process will deliver the End of Life Care Services through the Council and increase capacity in the Rapid Response Service.

- The Enhanced Intermediate Care Module is on schedule to be operational by July 1st 2011. Recruitment is underway and it is planned for staff to be in place by mid June for induction and service training.
- From June 2011 there will be a dovetailing and handover process between Berkshire East Community Health Services (BECHS) and the Council to receive the remaining service components
- Staff competencies and training needs will continue to be met with all new recruits and existing staff. The training will mainly be provided by professional therapists and the training department.
- As mentioned earlier, there has been significant collaborative working with both GPs and the PCT in managing the development of these services. An updated section 75 was drafted to include the new Department of Health funding and is ready to be signed and a joint service specification with key outcomes and performance measure is now in place. All partners have agreed to hold operational meetings as well as joint commissioning and performance meetings to ensure that the service continue to perform and adapts to the increasing demand led challenges across the health economy.

6. Appendices

‘1’ Enhanced Intermediate Care- Reablement / End of Life Care Service Service Specification

‘2’ Partnership Arrangements under Section 75 of the National Health Service Act 2006 relating to the Integrated Commissioning and Delivery of Services in the Borough of Slough