

Reablement and Residential Rehabilitation Services in Lancashire

Background

Reablement and Residential rehabilitation are part of a suite of services known as Intermediate Care.

Intermediate care in Lancashire uses the National Audit of Intermediate Care (2015) definition:

Intermediate care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between places such as hospitals and people's homes, and between different areas of the health and social care system – community services, hospitals, GPs and social care.

With its aims defined as:

- *Help people avoid going into hospital unnecessarily.*
- *Help people be as independent as possible after a stay in hospital*
- *Prevent people from having to move into a residential home until they are really ready to.*

Reablement:

- *Support for people within their own home to enable them to return to their optimum functioning ability, this service may include therapeutic support dependent on the needs of the individual.*

Residential Rehabilitation:

- *Bed based support for people who require rehabilitation*

Community Beds:

- *Bed based support for people who are unable to return/ stay at home for a period of assessment, recuperation and/ or rehabilitation.*

Community beds are included here as they are used flexibly and include the residential rehabilitation activity.

Current provision

Reablement provision is quantified in the number of hours provided and the community/rehabilitation bed provision in number of bed places.

The table sets out the current level of provision across Lancashire and the provider.

	Reablement hours per week	Provider	Community/ residential rehabilitation beds	Provider
Greater Preston, Chorley and South Ribble	1899	Housing 21	33	LCC Meadowfield Broadfield House
West Lancashire	861	Housing 21	14	Stocks Hall Nursing and Care Group Stocks Hall
East Lancashire	2146*	Housing 21	24	LCC Castleford Olive House
Lancashire North	1128*	Cherish	12	LCC Dolphinlee
Fylde and Wyre	1065	Cherish	18	LCC Thornton House
Total	7099		101	
Cost (£s) p.a.	4,706,637		3,187,964	

* East Lancashire and Lancashire North reablement services include therapy input funded by the CCGs.

Chorley/South Ribble and greater Preston and West Lancashire CCGs provide therapy input into a long standing domiciliary rehabilitation service rather than reablement.

People using the services

In the last year 4100 people used reablement services with an average time in service currently of 67 hours of reablement input.

The 101 community beds /residential rehabilitation services were used at an average of 85% with an average length of stay of 5 weeks. 68% of people who used those beds returned to a non-hospital or residential care setting i.e. home, home with care support or relatives.

Outcomes

The primary measure of the success of Reablement / Community/ residential rehabilitation is the national Adult Social Care Outcome Framework measure:

The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

The latest Lancashire data shows this at 91% which is considerably above the Better Care Fund target of 82% and the latest of a progression of quarterly improvements.

Data is collated showing where people go to following Community/ residential rehabilitation bed base services, see above.

In addition the services collect direct service user and family experience and views:

A letter from Tom's wife

"We couldn't have had two more caring and pleasant workers than J and A. They went out of their way to make Tom happy and comfortable at all times and have worked so hard with him that there has been such a great improvement in his ability to move his leg."

An email from an Adult Social care Team manager:

*Mr & Mrs D from ***** were referred to us a few weeks ago, at the time they had 8 calls a day between them, 4 for her & 4 for him. Sam went out & reviewed; reduced some of the visits & replaced others with Reablement.*

*This afternoon Mr. & Mrs. D have surprised Sam with a visit to our office in *****! They've caught the bus here, had a lovely morning walking around the town & called in to thank Sam as they weren't able to do that a few weeks ago. They've asked for their calls to be reduced further & if all goes as Sam anticipates, when the Reablement has finished they will only need 2 calls a day in total!!!*

Challenges

The Reablement / Community/ residential rehabilitation services are recognised as a key and successful, component in the pathway for the care and support of vulnerable, mainly older, people. This includes diversion from hospital admission and facilitating safe and timely discharge from hospital.

Usage of the services regularly runs at high 90s % of capacity with this often being seen as insufficient to match demand.

Understanding the drivers for demand and anticipating their impact has been challenging due to the complexities of the health and social care system.

Historical commissioning arrangements have led to variation in service design and view of purpose across the county. One example of this is the use of community beds and how far their use can be flexed to meet an individual's needs.

A key further challenge is the ability to meet the provider expectations of unit cost which reflects the tension on this across the wider regulated care sector.

Commissioning Intentions

Lancashire County Council has been working with Newton Europe on a transformation approach to social care services. As part of that it has looked at what a new model of reablement, using greater therapy input, smarter goal setting and ongoing review, could achieve. In a small "testbed" in East Lancashire it was possible to provide an effective reablement input on an average of 38 hours input. It is that that is to be the basis of a recommissioned model.

Therapy input is a strong recommendation of NICE Intermediate Care guidelines, a message likely to be reinforced when new guidelines are released, for consultation, in February 2017.

The model is for the commissioning of providers to provide "bundles" of 38 hours reablement support per service user. This takes into account that some may need more but also that some will need less.

Providers will be measured on the quality and effectiveness of the reablement through the use of measures of level of support required at the beginning and end of a reablement period.

Alongside this the length of input required will be monitored so that better flow can be promoted.

A great deal of the evidence base to support the change has come from Kent. Kent is one of the 16 authorities that form Lancashire's CIPFA comparator authority grouping and so provides a valid reflection on Lancashire's social care development and performance.

In Kent:

- The average time of reablement input is 28 hours compared to 67 in Lancashire.
- Over twice as many people go through reablement services.
- Considerably less ongoing support is required for individuals following reablement. (an average of 0.58 hours per week compared to 3.11 hours)
- Half as many people require any ongoing support following reablement.

This compelling evidence supports the case for moving to the new model that has an anticipated potential for halving the average time of reablement input and so doubling throughput without any further significant investment into the reablement support.

So as to be able to achieve a single model, which provides a more consistent and equitable approach, Lancashire County Council has committed to a further investment in therapy input and has recruited additional Occupational Therapists. In addition to the therapy input, with smarter goal setting and ongoing oversight, measurement and review, they will also be able to bring added value e.g. being able to assess for equipment and adaptations and contribute to any required ongoing care planning.

Using current providers the new model of reablement is being rolled out in East Lancashire. There will then be a further roll out in the remainder of the county early in 2017.

The East Lancashire roll out is mobilising a number of the newly recruited OTs. The remainder are being employed to address equipment and adaptation assessment waiting lists that will then enable better and much earlier use of the increased Better Care Fund allocation of Disabled Facility Grant monies.

A consultation and co-production process is underway with current providers about the developing model. A wider process will begin in December 2016 that will engage with all of the regulated care market.