

BCF 2016/17

Scheme Review

# Guidance

- The intention of the review is to tell the story of each scheme's development, delivery and impact.
- Where there is quantitative evidence this should be highlighted.
- Where there is no quantitative evidence this should be explained
- Where qualitative comment is given this represents the LA or CCG's view.
- Each scheme is to have its own review slides completed.
- Any narrative to be kept brief, bulleted if appropriate and original i.e. not copied from scheme description.
- The logic model should reflect the planned and actual . An example logic model is provided separately.

# Summary

<b>Scheme Title</b>	<b>£s in 2016/17</b>
Reablement	6,444,000
Total	6,444,000

# Scheme 12: Reablement

## Original rationale for scheme.

The purpose of reablement is to help people re-learn valuable life skills that may have been lost or reduced due to a period of illness or incapacity such as through a hospital admission. People are supported and encouraged to gradually do more for themselves with the ultimate aim of maximising their independence. The strategic objectives of the scheme are to:

- Maximise the numbers of people accessing reablement
- Reduce the need for ongoing home care support
- Reduce the hours of support required
- Delay the need for residential/nursing care

Primary prevention	Hospital	Community	Secondary prevention
Support people to live in their own home living as independently as possible	To avoid unnecessary hospital admission and to support a timely discharge	Support to return home and to relearn life skills	To support people to maintain their independence

# Scheme 12: Reablement

## Activity during 2016/17

Scheme element	Planned activity	Actual Activity	Reason for any difference between planned and actual
Reablement remodelling	Diagnostic of adult social care including reablement by independent consultants Newton Europe	Planned activity undertaken	N/A
	Remodel service using learning from diagnostic	Planned activity undertaken	N/A
	Rollout model across Lancashire	In progress	Will be completed 17/ 18

# Scheme 12: Reablement

Barriers / Challenges to successful delivery	Managed by....
<p>Recruitment of sufficient number of OT's to manage and deliver the service</p> <p>Implications of discharge to assess and trusted assessor</p>	<p>Lancashire County Council</p> <p>All partners</p>
<p>Risks</p>	<p>Managed by...</p>
<p>Increased demand that cannot be met by existing capacity within the service</p> <p>Capacity of homecare market (to offer post reablement support where necessary)</p>	<p>Lancashire County Council</p> <p>Lancashire County Council</p>

# Scheme 12: Reablement

	Alignment with High Impact Change Model of Transfers of Care	Yes= X
1	Early discharge planning.	X
2	Systems to monitor patient flow.	
3	Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector.	
4	Home first/discharge to assess.	X
5	Seven-day service.	X
6	Trusted assessors.	X
7	Focus on choice.	X
8	Enhancing health in care homes.	
<b>Alignment with Plans</b>		
	Urgent and Emergency Care	x
	A&E Delivery Board	x
	Operational plan (s)	x
	Other...	

# Scheme 12: Reablement

Estimated impact	A reduction of?	Details
NELs		
DTOC		
Residential Admissions		
Effectiveness of reablement services	Maintain 14/15's figure of 83%	83.8% of older people who were still at home 91 days after discharge from hospital into reablement services
Other		

How was impact measured?		
KPI 1	Number of Service Users Supported per week	
KPI 2	Hours of Support per Service User	
KPI 3	Average Outcome	
KPI 4	Average Improvement	
KPI 5	Average Percentage of Service Users whose Outcome is NFA	



## Scheme logic model

Inputs	Activities	Outputs	Outcomes	Impact
Employ consultancy firm	Case review and diagnostic	Understand the missed opportunities around reablement	Recognise the need to remodel the service	
Recruit a short term team to sandbox the model	Scheme remodelling	Tested NICE compliant model	Agreement to develop and resource a therapy led model	The average amount of support post reablement decreases from 14 hours per week to 10.5
Restructure teams to reflect sandbox team	Roll out across the County	Model of support available across the County	Increase in the number of people who require no ongoing social care support	Baseline of 71% increased to 76% after roll out
Develop new service specification	Procure the support element of the service	Outcome based contract	Ongoing	Ongoing

# Learning from delivery of the scheme

Learning	How shared and who with ?

# Qualitative assessment summary

1 –10 where 1 is “not at all” and 10 is “to a great extent”.

	Is working as planned and delivering on outcomes	Represents value for money in the long term	Builds long term capacity for integration locally; enables new models of health and social care	Evidently supports people effectively, improving patients /service user satisfaction	Has buy in from all stakeholders and workforce: Frontline staff and political, clinical, managerial leaders	Reflects a truly whole system approach	Supports shift towards prevention/ early help and community support/ self -help	Total / 70
Reablement	7	9	9	9	8	6	8	56

# Summary

Scheme Title	Retain ? X	Expand? X	Cease? X	£s in 2016/17	£s in 2017/18
Reablement	x	x			
Total					