

## **Adult Services Scrutiny Committee – 25<sup>th</sup> September 2012**

# **An update report on the Re-ablement Service, Crisis Response Service and the Supported Hospital Discharge Service**

**Report by the Director for Social & Community Services**

## **1. Introduction**

- 1.1 The Adult Services Scrutiny Committee on 24<sup>th</sup> April 2012 discussed a report on the Reablement Service. As an outcome of this report officers were requested to bring a further report to the September scrutiny committee to update committee members on the progress being made in relation to the Reablement Service but also the Crisis Response Service and the Supported Hospital Discharge Service. This report will bring councillors up to date on the performance of each of these services.

The report will also summarise the discharge to assess process that is being planned as part of the delivery of the Philp Principles (which are explained in paragraph 5.2).

- 1.2 There are a variety of social care services commissioned by Oxfordshire Clinical Commissioning Group (OCCG) and the County Council that support mainly older people to be discharged home from hospital or to avoid admission to hospital. This report will concentrate on the performance of three of the main services - the Reablement Service, the Crisis Response Service and the Supported Hospital Discharge Service. A summary of these services is provided in Annex 1.

All three services are in part or fully funded by either the additional NHS to Social Care Funding or additional NHS funding for Reablement.

The Reablement Service additional activity and the Supported Hospital Discharge Service is funded by the additional NHS money for Reablement and the Crisis Response Service is fully funded by the additional NHS to Social Care funding.

## **2. The Reablement Service**

- 2.1 The purpose of the Reablement Service is to deliver up to a maximum of 6 weeks of reablement care (not domiciliary care) to people living at home with the aim of getting people back to or as close as possible to their optimum level of independence and then handover to long term support at home services. The service is free for the maximum service period of 6 weeks. Any care provided after this period is chargeable thereafter.

2.2 The current Reablement service is commissioned by the Council and the provider is Oxford Health Foundation NHS Trust. The value of the current contract is £4.4m and this contract ends on 31<sup>st</sup> September 2012.

A new contract was tendered for late last year and Oxford Health Foundation NHS Trust was awarded the contract to deliver the reablement service on behalf of the Council. This will be a two year contract (with an option to extend for a further two years) and will start on 1<sup>st</sup> October 2012 with a value of £5m in Year 1 (October 2012 to September 2013) and £5.5m in year 2 (October 2013 to September 2014). The new contract is based on a payment for each episode of reablement completed (i.e. the number of people who receive reablement) and includes a bonus payment on delivering the agreed number of episodes and two key performance outcomes – need for no on-going care and episode non-completion (where the client’s episode ends with admission to hospital, a care home or they die). There is a facility within the contract for the provision, in exceptional circumstances only, of a post-reablement domiciliary care service after an episode of reablement has ended, which will be paid per hour of service provided and is aimed at supporting people to move onto a new long term care provider.

This is the first contract in adult social care that is based on payment by results - payment for each episode of reablement delivered and a bonus payment based on the delivery of specified outcomes.

2.3 Targets for years 1 & 2 of the contract are as follows:

Year 1 (starting 1 <sup>st</sup> October 2012)	<ul style="list-style-type: none"> <li>• Number of people who started receiving the Service - 3,250 Episodes</li> <li>• Percentage of service completers who left the Service with no on-going need for care –55%</li> <li>• Percentage of people whose Episode ended but was not complete –17%</li> </ul>
Year 2	<ul style="list-style-type: none"> <li>• Number of people who started receiving the Service - 3,750 Episodes</li> <li>• Number of service completers who left the Service with no on-going need for care – 60%</li> <li>• Number of people whose Episode ended but was not complete –15%</li> </ul>

The average length of episode of reablement is expected to be 32 hours, equivalent to eight hours per week over four weeks.

These targets have been set based on national guidance and benchmarking (from the Department of Health) for reablement provision and specifically tailored to meet the population profile of Oxfordshire.

2.4 Oxford Health has committed to a plan to increase in-take to the Re-ablement Service in order to gear up to deliver the required weekly in-take needed to deliver the Year 1 activity target (3,250 episodes) from 1<sup>st</sup> October 2012.

In the first 17 weeks of 2012/13 the service took in 21% more cases than the corresponding week in the previous year with an upward trend in the year. Despite the increase in activity over last year the service is currently 30% below the original trajectory for increasing in-take to the Service by October 2012, and 20% below the revised trajectory, with 672 people starting the service to the end of July against an original trajectory of 933 and a revised one of 846.

Current performance for the end of July 2012 is:

- Number of new episodes per week had reached 40.6 (trajectory target = 57).
- 40.3% leaving with no on-going care (target = 55%)
- 30.72% of non-completers (target = 17%)
- Average length of episode was 23 days in the service and people received an average of 18.6 hours

2.5 There has also been a significant improvement in the number of people delayed waiting for on-going care at the completion of reablement and is now half the level was this time last year and on 21<sup>st</sup> Aug 2012 the number of people delayed was 13.

2.6 To achieve the increased level of reablement episodes Oxford Health have been recruiting additional staff to deliver this activity. Vacancies against the new contract capacity requirements (due to commence 1<sup>st</sup> October) were at 47 in June 2012. The current number of live vacancies is reduced to 24, the majority of which are part-time posts. The service will continue to proactively recruit going forward, to ensure that natural staff turnover does not compromise the ongoing capacity of the service.

Yvonne Taylor Chief Operating Officer will be attending the Committee meeting to answer any questions on the Reablement Service.

### **3. The Crisis Response Service**

3.1 The Crisis Response Service is a new service that was rapidly commissioned by the Council late last year in response to a need that had been identified to support people who were in crisis at home - mostly a sudden deterioration in their condition or a change in circumstance of their carer and also to avoid hospital admission. The provider is Community Voice (one of the independent providers on the Council's Approved Provider List for domiciliary care provision). The service commenced in January 2012 and the contract is for one year.

Evaluation of the service is underway and recommendations will be made soon in relation to the future commissioning of this service but it is likely that we will aim to rationalise the range of crisis service supports across social care and the NHS over the next two years as other crisis type service contracts come to an end.

The budget for the crisis response service is £500,000 pa and covers the cost of the Community Voice service plus additional costs for administration/

assessment time in the Council's Social and Health Care team. This funding is paid in advance and guarantees the purchase of the requested number of hours crisis support per week.

The service is free and any care provided after the service involvement is chargeable thereafter.

- 3.2 The service provides crisis social care support in people's own homes for a maximum of 72 hours with an expected response time of four hours maximum. It is available 24/7 across all of Oxfordshire. The advertised length of stay is 72 hours but the service stays in place until it has handed over to long term support.

The crisis service was expected to deliver an average of 200 hours of crisis care support per week when fully operational. The average episode of support was expected to be 10 hours.

Over the last two months the number of hours delivered per week is averaging 200 hours and the average for the calendar year so far has been 105 hours per week with the average support being for five days and for 10 hours of care support.

To the end of June 2012 - 216 people have been supported by the service.

- 3.3 The outcomes for this service are positive with 13% of people's crisis being dealt with in one visit and 82% of people remaining living at home when the crisis service ended its involvement (14% of people were admitted to hospital and 4% went to a care home)
- . It is estimated that without this service most people would have ended up being in hospital or going into a care home.

#### **4. Supported Hospital Discharge Service**

- 4.1 The Supported Hospital Discharge Service (SHDS) is a new service commissioned by OCCG and delivered by Oxford University Trust NHS Hospital. The contract term is for 3 years and started in April 2011. The value of the contract in 2011/12 was £750,000 and in 2012/13 is £1.5m

- 4.2 The service is targeted at supporting people to be discharged home from hospital who have social care needs:  
Low and Moderate dependency necessitating long term support at home (bridging the gap)  
Low dependence requiring minimal rehabilitation (domiciliary based rehabilitation).

The service is available 7 days a week from 8am to 10pm with an expected maximum length of stay of 14 days.

Once completed the service hands over to long term care support or reablement.

The service is free and any care provided after the Service involvement is chargeable thereafter.

- 4.3 It was planned that the service will take home and support 40 people per week from inpatient beds at Oxford University Trust hospitals (mainly the John Radcliffe and Horton hospitals) and will maintain 80 people at home at any one time.  
Average length of stay will be 14 days and the average number of hours support was not set out within the specification.
- 4.4 From April 2012 to July 2012 the service supported an average of 33 people per week out of hospital and from January 2012 to July 2012 the average was 30 people per week.  
Average length of stay in the service from January to July 2012 and also April to July 2012 has been 14 days and the average number of hours delivered has been 28 hours per week.
- 4.5 Of the 209 people discharged from the service from January to end of July 2012- 26 people were readmitted to hospital, 2 people died, 94 people moved into the reablement service and 53 people required long term care support at home. Of the 147 people who required on-going care (reablement or long term care) - 17 had reduced care hours, 109 had the same care hours and 21 had increased care hours.

## **5. Discharge to Assess**

- 5.1 The County Council's Older Persons strategy outlines an intention to reduce the number of people entering care homes. The current rate of placement is financially unsustainable and there is considerable evidence to suggest this is not in line with the wishes of most older people; who would prefer to stay in their own home for as long as possible. Alongside this it is the intention of the Health and Social Care system to reduce the number of people delayed in hospital who no longer need to be there and to support people home as the priority.

Oxfordshire County Council, Oxford Health NHS Foundation Trust, Oxfordshire University Hospitals Trust and the Oxfordshire Clinical Commissioning Group have all signed up to the Philp principles which include Discharge to Assess.

- 5.2 Professor Ian Philp is the Medical Director of South Warwickshire NHS Foundation Trust. He was the also the National Clinical Director - or "Tsar" – for Older People in the Department of Health from 2000 to 2008, leading the development and implementation of the National Service Framework for Older People. He is also parliamentary spokesperson for the British Geriatrics Society.

The Philp Principles are:

- Choose to admit arrangements – admission avoidance by viable alternatives supported by a rapid comprehensive assessment

- All older people are under the care of an older peoples specialist whilst in hospital, cutting the length of stay in acute hospitals
- Discharge to assess and viable responsive alternatives in the community
- Prompt post-acute multi-disciplinary assessment and inputs to reduce requirements of long term care

5.3 As part of a much broader plan of work to implement these principles across Oxfordshire, all the agencies are working to initially focus on the high numbers of people being discharged from hospital into care home placements. Where the key objective is to ensure that people in hospital are discharged as soon as is clinically possible and back to their home environment.

5.4 Three discharge pathways have been agreed:

1. **'Restart' route:**

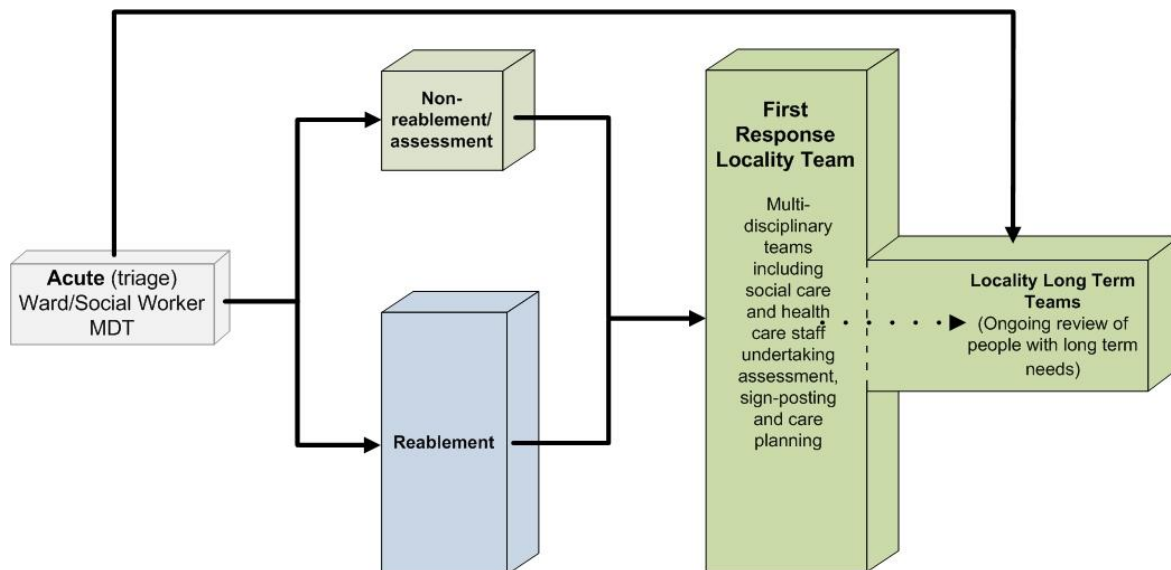
The vast majority of people being discharged from hospital will follow this route being discharged home to their previous situation without any additional support being required.

2. **'Reablement' route:**

Anyone leaving an acute hospital bed who meets the criteria for reablement should be discharged from hospital into a reablement service. Anyone whose reablement can be effectively completed at home should be discharged to that setting with the support of the Reablement Service. The intention is to reduce a person's level of need for on-going (perhaps long term) care. For a smaller percentage of people who require further bed-based reablement a transfer to a Community Hospital bed or Intermediate Care bed is appropriate. Once this bed-based reablement is completed, the same three routes for discharge should be applied. (Re-start, Reablement [at home], Assessment).

3. **'Assessment' route:**

A small percentage of people will not be eligible for reablement but will also be unable to return home with their previous support arrangements. This may be for a range of reasons including those support arrangements having broken down or being unavailable; or a significant change/increase in need. These people will require an alternative service to enable them to be safely discharged from hospital. Most of these people will be able to return home for a further assessment of their needs to be carried out whilst being supported up to 24 hours a day. For a small percentage of people, a transfer to an Assessment bed in a care home may be more appropriate.



#### 5.5 The expected outcomes are:

- There is no loss of confidence for people by spending too long in hospital.
- A reduction in unnecessary hospital delays; once a person is medically fit for discharge they should be discharged home as soon as possible with sufficient support in place to meet their short and possibly long term needs.
- A reduction in care home placements; people should be supported at home, when appropriate and allowing for choice, for as long as possible.
- Further decisions about a person's long term support are made at home rather than in hospital.
- Ensure that if reablement is needed a person gets it- maintaining independence for as long as possible.

### 6. Recommendations

The committee is requested to:

- a) Note the good progress that is being made by all three services but also to note that all services are not yet achieving the target levels set
- b) Further work is being undertaken by commissioners and providers to improve performance but also to look at rationalising the range and type of services that support people at home with social care needs and the handover of people from one service to another.
- c) Note the positive work being undertaken with Discharge to Assess

John Jackson  
 Director for Social & Community Services  
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Contact Officers

Alan Sinclair Lead Commissioner Older People OCC Tel 01865 323665  
Fenella Trevillion Head of Partnerships OCCG Tel 01865 334623