

Performance Scrutiny Committee - 8 January 2015

Reablement Service

Report by Director of Adult Social Services

Introduction

1. Reablement is a short and intensive service, usually delivered in the home, which is offered to people with disabilities and those who are frail or recovering from an illness or injury. The purpose of reablement is to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent at home. People using reablement experience greater improvements in physical functioning and improved quality of life compared with using standard home care.
2. Oxfordshire tendered its contract for a reablement service in 2011. The contract was awarded to Oxford Health NHS Foundation Trust. The current contract began in October 2012 and runs to September 2015.
3. The contract is paid for on an episode basis, i.e. the provider is paid for each episode, with performance bonuses based on 3 key measures
 - (a) The number of episodes of reablement the service delivers
 - (b) The proportion of people who complete the service. People may not complete because they are admitted to hospital; enter a care home; pass away or withdraw from the service
 - (c) The proportion of those who complete who need no on-going care

Our Service Model

4. Recovery and Reablement plays a key role in our service model. We believe that people should be supported to maintain and regain as much independence as possible at all stages of the pathway. Whenever possible and appropriate people that require care and support will be considered for a period of reablement.
5. In the first year of the contract (October 2012 to September 2013) the service provided 2505 episodes of care. In the second year of the service this rose to 2820.
6. However work by the Department of Health suggested that a population the size of Oxfordshire should expect to provide 3500 episodes of reablement a year, with half of these coming from people leaving hospital and half from people in their own home. In Oxfordshire in the 12 months from October 2013, 1955 new episodes were of people who had been in hospital but only 865

from their own home. The reason for this was a lack of referrals to the service for people in their own home. To this end focus work to increase referrals is underway with GPs, the council's social and health care team and people providing information in local communities.

Performance of the service

7. The service receives performance bonuses on the 3 measures in paragraph 3 above. Additionally we closely monitor how long it takes the service to pick up cases as this has a knock on to other key performance issues such as delayed transfers of care.
8. The number of new episodes of reablement (2820) is 25% below the target of 3750. However this reflects the low number of community based referrals as mentioned above. If the number of referrals increased by 25%, ensuring sufficient staff to deliver the care would be a challenge with the high level of employment in Oxfordshire and the known workforce challenges in the health and social care sector.
9. In the last year 21% of people who started reablement did not complete their episodes. This was mainly because they were admitted to hospital (16%) each month. The department of health estimated 17% or less should not complete their episode. The higher figures in Oxfordshire probably reflect the higher level of people coming from hospital who use the service.
10. The target is for 55% of people who complete reablement to need no on-going care. Over the last year performance was 59%.
11. The service is required to pick-up cases from hospital in 3 days and from the community in 5 days. In the last year performance has been 60% of cases from hospital being picked up in 3 days and 70% of cases in the community being picked up in 5 days.
12. The number of reablement episodes commenced is lower than the number of referrals because some people referred to the service do not start the service, for a variety of reasons. The capacity of the service to pick up cases is further limited by the numbers of people who remain in the service once their reablement is complete. Long-term care providers cannot always pick up cases in a timely manner because they have difficulty recruiting and retaining staff. This means some people stay in reablement for longer than necessary.
13. New home support contracts have subsequently been let from 1st November 2014 that provide more guaranteed volumes of service for our key home support providers. We anticipate that providing guarantees will help them to plan better and create more certainty for their employees, and this should in turn help to improve capacity and responsiveness. The new contracts require providers to restart care (where there is no significant change in care needs) within 24 hours and to start new care packages within 3 days. Speedier pick up should ensure fewer people are delayed in reablement awaiting long term care.

14. The service is additionally working on increasing their responsiveness by creating dedicated staff whose role is to assess and review clients only and thus improve the timeliness of pick up.

Experience of using the service

15. The service asks for feedback via the Patient Experience Questionnaires since this was introduced by the Trust in 2012. Some of the key indicators from the last survey in 2013/14 are
 - (a) 97% of clients stated that when they had important questions to ask the [member of staff], they got answers that they could understand
 - (b) 100% of clients reported that they received the right amount of information about their condition and treatment
 - (c) 96% of clients reported that the care they received was excellent or good with only 4% expressing that they felt the care was fair
 - (d) 100% of all surveys expressed they were likely to recommend this service to friends and family if they needed similar care or treatment?
 - (e) 97% of clients reported that ORS did very well or fairly well in encouraging and motivating them to become independent?

Key conclusions

16. The effectiveness of the reablement service is good (approximately 55% of people going through the reablement service need no care at the end and of the rest some have reduced care needs). However, based on national evidence, more people should be going through the reablement service from the community and more people referred to reablement from the hospital.
17. More referrals from the community (especially directly by GPs) will help reduce the risk of emergency admissions. More referrals from hospital will help reduce the demand for home care and thus focus capacity on those who need long term care.
18. Reablement is intended to be a 24 hour response service in the case of people in hospital so the provider and the hospitals need to work more closely together to eliminate delays for reablement. It should be noted that reablement delays in community hospitals – with both services being managed by Oxford Health – have reduced steadily over the last few months and are now a handful.

Future work

19. We are continuing our work with colleagues from Oxfordshire Clinical Commissioning Group and Oxford Health to improve the effectiveness of the flow into the service and to provide timely support for those people who exit the service and require ongoing care and/or support.

RECOMMENDATION

20. The Committee is RECOMMENDED to note the report.

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Background papers: None

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