



Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINITY COMMITTEE

Subject Heading:

Reablement Update

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Policy context:

Supports priorities in the Joint Health & Wellbeing strategy:

- Better integrated support for people most at risk
- Quality of services and patient experience

Financial summary:

This report is an information report and therefore there are financial implications

The subject matter of this report deals with the following Council Objectives

Communities making Havering
Places making Havering
Opportunities making Havering
Connections making Havering

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SUMMARY

This report provides an update on the service delivery and performance outcomes of the Reablement Service delivered by Essex Cares Limited.

RECOMMENDATIONS

That members note the information presented in this report

REPORT DETAIL

Current Service Model

The reablement service was recommissioned in 2018/19 and the new contract was awarded to Essex Cares Limited (ECL) and commenced in April 2019. The current model primarily supports the hospital discharge pathway, supporting residents returning home at the earliest opportunity and providing them with a period of reablement for up to six weeks, working to a support plan that maximises residents return to good health and improved functioning. Information about the ECL service can be found on their website - <https://www.ecl.org/services/reablement>

Since the service commenced in April 2019 the partnership working across the system has developed significantly which has positively impacted on the delivery model of the service.

In line with system priorities and COVID-19 Hospital Discharge Policy requirements, ECL have worked in partnership with London Borough of Havering (LBH) and Barking, Havering & Redbridge University Trust (BHRUT) to trial the 'Home First' concept which ensures no decisions about care are made while the person is in an acute environment. The key elements to this service model include

- No therapy assessment undertaken in the acute setting
- Same day referral and service start
- ECL meet the individual at home to undertake an assessment, this is carried out by either a Trusted Assessor (TA) or a qualified therapist. The team of TAs are supervised by the therapist
- Equipment needs are identified by ECL and equipment is ordered and provided on the same day

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- Care commences immediately and any other community referrals are made by ECL, this includes to the Intensive Rehab Service (IRS), Assistive Technology (AT) and the British Red Cross (BRC)
- The level of care required is reviewed and adjusted continuously throughout the reablement period

This process was initially piloted in late 2019 with a maximum of 2 referrals a day, with phase 2 of the pilot delayed due to the COVID-19 pandemic. Phase 2 commenced in Sept 2020.

Phase 2 outcomes indicated the model was successful in terms of supporting discharge flow and improving outcomes for residents so it was decided that the next stage was to test the model as a 'business as usual' approach for all reablement referrals.

The 'extended pilot' phase commenced in April 2021 and by the end of June there were 363 individuals supported via this pathway.

Performance information

Table 1 Key performance indicators (contractual)

KPI	Total Average
% of referrals responded to within 1 hour	96%
% of assessments completed within 24 hrs	98%
Ongoing care hours reduced at the end of reablement period	519 (per month)
% of completed reablement packages which required no further care	85%
Average score of customers who completed satisfaction survey at the end of reablement period	97%

The percentage of people not requiring further care at the end of the service is consistently high every month. It was expected that due to the changes to the pathway and the service accepting much higher acuity cases there would be a reduction in the number of people not requiring care but this has not been the case.

There has been an increase in the number of people returning to Adult Social Care (ASC) within 91 days - 5.8% against target of 4% for 2020/21. It is likely the increase is due to the increased level of need for the cohort of people receiving reablement and also the high number of people being referred to the emergency reablement provider as opposed to ECL due to issues with capacity.

Demand

The demand for the service has increased significantly over the past 6 months with an average number of referrals of 177 (Dec 2020 – July 2021) compared to 128 the previous year.

The service has been able to accept an average of 121 referrals and start an average of 82 per month. The number of starts is less than the number of accepted case due to the number of residents referred by the hospital for same day discharge, who in the end are not discharged. This is currently an average of 42 per month. Ongoing work continues with BHRUT to reduce these numbers as this impacts service capacity because resource is allocated to cases which then do not get discharged.

Table 2 referral figures

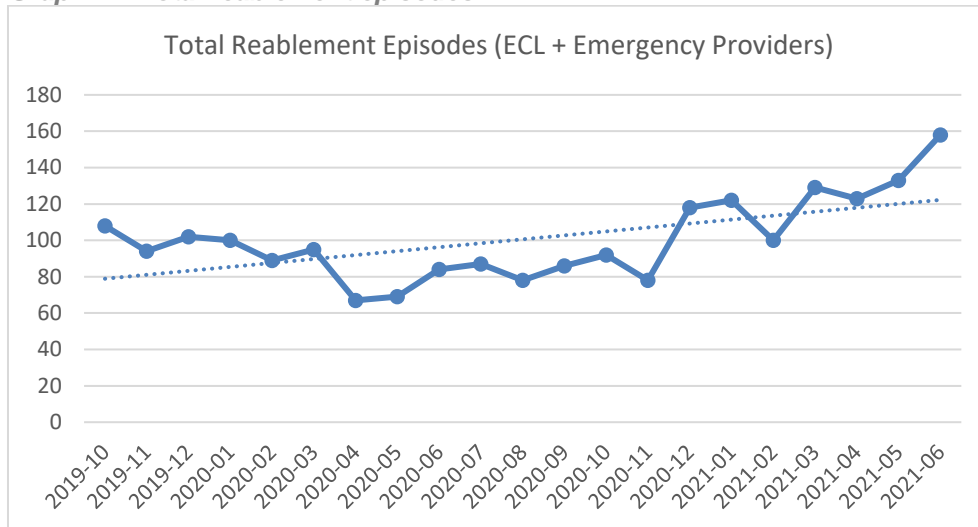
	Dec – July 2019/20	Dec-July 2020/21
Number of referrals per month	128	177
Number accepted per month	101	123
Number started per month	72	82
Cancelled Discharges per month	29	42
Number placed with 'emergency' provider per month	18	52
Average number of hours delivered per week	613	837

Additional Capacity

Due to the increased demand, there has been a requirement for LBH to purchase additional capacity from ECL, this was initially an additional 100 hours but was increased to 200 hours in May. This additional capacity is funded by the National Hospital Discharge Fund.

It is acknowledged that demand is still significantly exceeding capacity and the use of emergency reablement provision remains high.

Graph 1 – Total reablement episodes



Level of need

The service is commissioned to deliver approx. 700 hours of care support per month which at the time of procurement was estimated to be approx. 108 episodes (accepted / started).

It has become evident over the past 12 months that there has been a change in the level of acuity / level of needs of people referred into the service which impacts the number of people able to start a reablement episode with ECL each month. This is likely due to the changes in the pathway with the HomeFirst implementation and people being discharged from hospital earlier as per the national Hospital Discharge Policy requirements.

The increased level of need is reflected in the average number of hours an individual requires over the course of their reablement period.

- In June 2020, on average an individual would need approx. 22 hours of support to complete their reablement
- By May 2021 this had doubled to 42 hours

It is also reflected in the number of double handed packages referred through to the service which June 2020 – Nov 2020 was 7 per month and Dec 2020 – July 2021 was 13.

Support during the pandemic

ECL were able to consistently provide a reliable service during the first wave of the pandemic in March-May 2020 at a time when there was a lot of uncertainty and instability in the market due to COVID-19.

The demand for the service during the initial pandemic period (March – Aug) was relatively low but ECL were able to accept the majority of the cases which resulted in our lowest usage of our ‘emergency’ reablement provision in 18 months.

There were no issues with the service accepting COVID-19 positive cases and at times of pressure ECL agreed to accept positive homecare cases when the brokerage team were unable to source another provider.

The future of the HomeFirst Model

The HomeFirst model commenced as the default pathway for all reablement referrals in April 2021 and the evaluation of the first few months has demonstrated positive outcomes:

- 2119 less hours required (for 329 people) when the individuals were assessed in their own environment compared to what was recommended at the point of discharge
- 76 less referrals to the intensive rehab service
- Same day referral and discharge supporting hospital flow
- Number of people not requiring further care at the end of the reablement period has remained stable even with the increased acuity of the cases

The challenge with this model for reablement is it essentially streams all new referrals (no previous care) into the service to ensure no decisions are made regarding the requirement for long term care at the point of discharge. This has increased the number of referrals into the service and whilst it is resulting in positive outcomes for residents, the model needs to be kept under review in terms of commissioned capacity, including the use of the emergency provision..

The current arrangements for the extended pilot come to an end at the beginning of October and system level discussions are underway regarding a sustainable future model for HomeFirst across BHR.

IMPLICATIONS AND RISKS

Financial implications and risks:

The reablement service plays a key role in the delivery of adults budget savings through the deferral of long term care needs and the reduction in support required while service users continue to live independently. The Adults Budget includes provision of £1.815m in respect of the block reablement service.

In response to increased demand through the pandemic the Council has purchased additional reablement hours funded through the hospital discharge programme (HDP). The current phase (July to Sept 2021) of the HDP provides health funding for up to 4 weeks from discharge. If HDP funding does not continue beyond September and demand remains at the current level there is a risk that the budget

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will be overspend, or demand unmet. It is to be noted that the Director of Adult Social Care has this currently under review in consultation with Corporate Finance.

Legal implications and risks:

There are no apparent legal implications in noting the content of this Report.

Human Resources implications and risks:

This report is for information only and does not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

Equalities implications and risks:

This report is for information only. The contract is monitored with regard to protected characteristics as defined in the Equalities Act 2010.