Department of Health

Putting **People First**
Transforming Adult Social Care

Re-ablement: delivering better outcomes and savings

Counsel + Care National Conference

12th October 2010

HOMECARE RE-ABLEMENT: Objectives of this Presentation

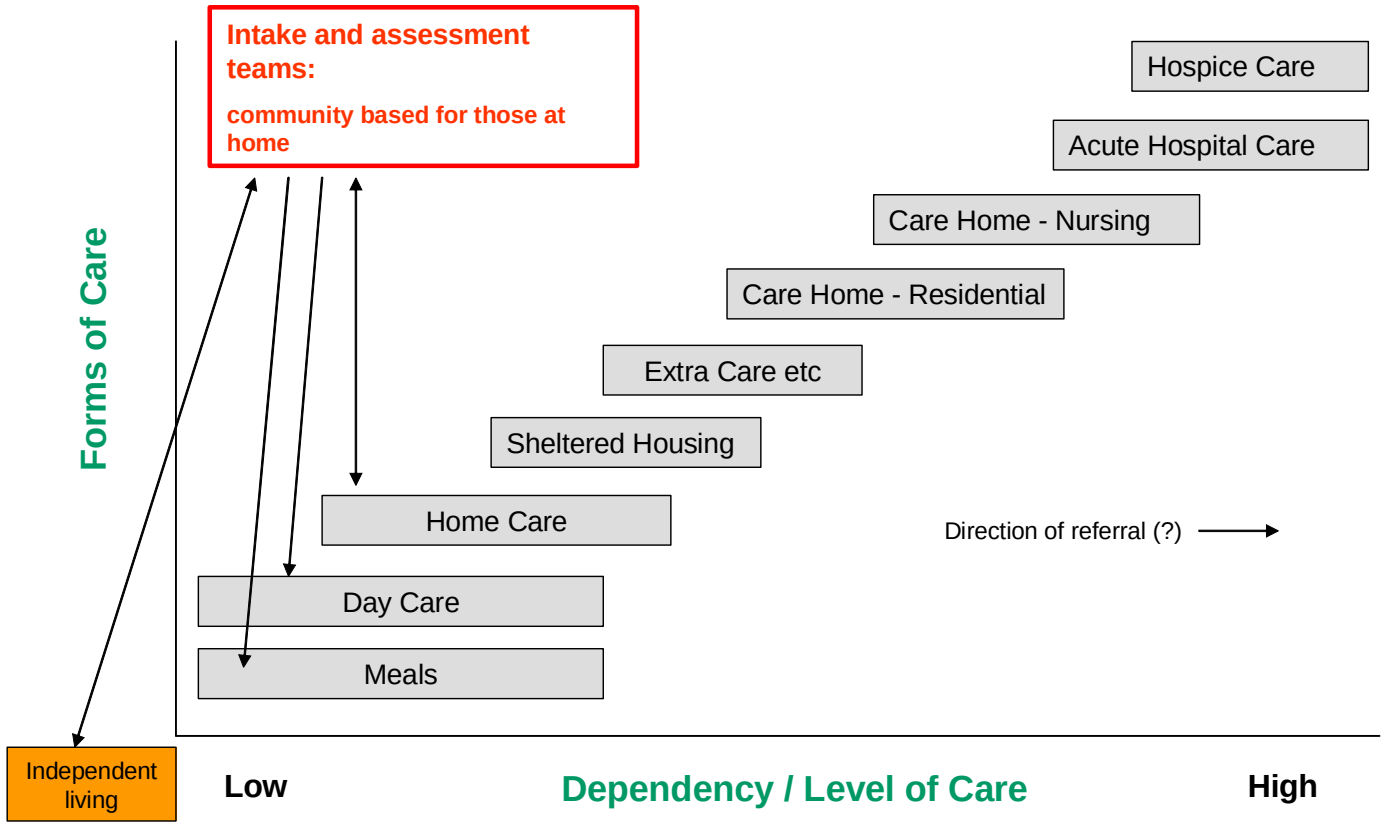
To provide:

- a definition
- an overview of homecare re-ablement schemes
- a summary of the ‘body’ of evidence
- an update of the national ‘picture’

- Questions

HOMECARE RE-ABLEMENT: CSED Proposition

Home Care Re-ablement: (encouraging a shift to the lowest appropriate level of intervention / support)



Homecare Re-ablement: What is it ? – a definition* (1)

Prevention

- Services for people with poor physical or mental health
- To avoid unplanned or unnecessary admissions to hospital or residential care
- Can include short-term and longer term low-level support

Rehabilitation

- Services for people with poor physical or mental health
- To help them get better

Re-ablement

- **Services for people with poor physical or mental health**
- **To help them accommodate their illness [or condition] by learning or re-learning the skills necessary for daily living**

* Definitions from an evaluation report by De Montfort University

Homecare Re-ablement: What is it ? (2)

Common principles and features:

- helping people ‘to do’ rather than ‘doing to or for’ people
- outcome focused with defined maximum duration
- assessment for ongoing care packages cannot be defined by a one-off assessment but requires observation over a defined period

Objectives are:

- to maximise users long-term independence, choice and quality of life
- to appropriately minimise ongoing support required

  and, thereby, minimise the whole life-cost of care

Homecare Re-ablement: What is it ? (3)

Examples of some of the elements

- personal care such as washing, dressing, continence promotion, getting in and out of bed
- cooking, preparing meals and helping to eat
- building confidence
- shopping, pension collection, laundry and other household tasks
- coping with poor memory
- social and leisure activities
- indoor and outdoor mobility

Homecare Re-ablement: Why Do It ?

- Increasing demand for homecare
- Hours increased by approx 80% (1993 – 2004) albeit users reduced by approx 28%
- Demand projected to increase even in 'improved health' scenario due to lag between improvements in life expectancy and healthy life expectancy *
- Councils unable to lift the 'bar' much further: most at substantial and above already

- Availability of Care Staff
- Demographic changes = proportion of people within age bands that historically deliver and support care will reduce so recruitment to match demand impossible

- Policy
- Personalisation, care closer to home, self directed support
- "*We must place renewed emphasis on keeping people as independent as possible for as long as they feel able, not least by providing earlier support. People need to feel help is there as soon as problems occur. We have to maximise the potential of re-ablement, telecare and other innovations which can dramatically improve people's lives while also being highly efficient. Some local authorities have picked up this challenge, others have not. We need to accelerate this change so that these services and this approach is the norm"…* Andrew Lansley, SofS , at the 5th International Carers Conference, London, 9th July 2010
- Revision to the Operating Framework for the NHS in England 2010/11 , June 2010, para 29 to 31, "*For 2011/12, we are planning changes to the tariff to cover re-ablement and post-discharge support, including social care "*

* Wanless Social Care Review: Securing Good Care for Older People: various chapters and presentations at Kings Fund

HOMECARE RE-ABLEMENT: Why do it ? - England (1)

Department of Health

Population projections

	2001 census	2010 *	2011 *	2012 *	2013 *	2014 *	Growth on 2010
Aged 65-69		2,420	2,527	2,732	2,857	2,915	20.5%
Aged 70-74		2,052	2,044	2,054	2,102	2,164	5.5%
Aged 75-79		1,668	1,684	1,713	1,751	1,793	7.5%
Aged 80-84		1,252	1,274	1,293	1,313	1,326	5.9%
Aged 85 and over		1,193	1,227	1,260	1,293	1,332	11.7%
Total	**7,827**	**8,585**	**8,756**	**9,053**	**9,316**	**9,530**	**11.0%**
Growth on 2010			**2.0%**	**5.5%**	**8.5%**	**11.0%**	

* Based on Office for National Statistics projections (POPPI)

HOMECARE RE-ABLEMENT: Why do it? - England (2)

Population projections

	2001 census	2010 *	2015 *	2020 *	2025 *	2030 *	Growth on 2010
Aged 65-69		2,420	2,941	2,677	2,928	3,359	38.9%
Aged 70-74		2,052	2,238	2,740	2,508	2,753	34.2%
Aged 75-79		1,668	1,821	2,015	2,484	2,290	37.3%
Aged 80-84		1,252	1,347	1,526	1,718	2,137	70.7%
Aged 85 and over		1,193	1,376	1,619	1,976	2,399	101.1%
Total	**7,827**	**8,585**	**9,723**	**10,577**	**11,614**	**12,938**	**50.7%**
Growth on 2010			**13.2%**	**23.2%**	**35.3%**	**50.7%**	

* Based on Office for National Statistics projections (POPPI)

HOMECARE RE-ABLEMENT: Does it work ? (1)

Homecare Package at First Review *			
Care package req'd post 1st review (6 wks)	Matched service users (control group)	Re-ablement Pilot (selective)	Re-ablement Roll-out (intake)
Discontinued	5%	62%	58%
Decreased	13%	26%	17%
Maintained	71%	10%	17%
Increased	11%	2%	8%
Total	100%	100%	100%

* Leicestershire De Montfort study 2000

HOMECARE RE-ABLEMENT: Retrospective Longitudinal Study (1)

Purpose:

1. To determine the duration of benefit for those undergoing homecare re-ablement
2. Inform proposed structured prospective study

Method:

Undertake a retrospective longitudinal study of those people that were seen during 2004/5 and determine the duration before commencement of a homecare package or any change to their home care package.

HOMECARE RE-ABLEMENT: Retrospective Longitudinal Study (2)

Retrospective study

- Conducted during June – August 2008, published in November 2008
- Academic lead by SPRU at University of York working with CSSRs

Participating CSSRs:

Intake and assessment schemes:

Leicestershire County Council (1,362 users)

Salford City Council (211 users)

Hospital discharge support schemes:

London Borough of Sutton (372 users)

Metropolitan Borough of Wirral (138 users)

HOMECARE RE-ABLEMENT: Retrospective Longitudinal Study - Summary of Main Findings

Main Findings:

- 53% to 68% left re-ablement requiring no immediate homecare package (4^{th} = 94%)
- 36% to 48% continued to require no care package 2 yrs after re-ablement (4^{th} = 87%)
- 34% to 54% had maintained or reduced their homecare package 2 yrs after re-ablement (4^{th} = 61%)
- 38% to 41% had transferred to long term care or died 2 yrs after re-ablement (4^{th} = 11%)
- No dramatic change in mix of intensity over 24 mths

HOMECARE RE-ABLEMENT: Prospective Longitudinal Study – Interim Report (1)

Building on the retrospective longitudinal study, the aims of the proposed prospective study are:

- To provide robust research evidence on the immediate and longer-term benefits of home care re-ablement, including:
  - User-level benefits (e.g. improved independence, quality of life, mental well-being).
  - Service-level benefits (e.g. reduced demand for services, use of less expensive services).
- To identify the factors that affect the level and duration of benefits for service users of a period of re-ablement (e.g. features of the re-ablement service; type and level of services used after re-ablement).
- To identify any impact on and savings in the use of social care and other services, that can be set against the costs of re-ablement services.
- To describe the content and costs of home care re-ablement services.

Thereby improving independence, reducing the level of variability between schemes and appropriately minimising ongoing contracted hours

Interim Report – published October 2009

Final Report – due October 2010

HOMECARE RE-ABLEMENT: Prospective Longitudinal Study – Interim Report (2)

The Short-term Outcomes and Costs of Re-ablement Services

- **Impact of re-ablement on social care outcomes**
  - significant short-term impact on outcomes was evident when we looked at social care outcomes for the whole cohort, both at an overall level and the individual domains
- **Impact of re-ablement on dependency levels**
  - changes occurring over time in the whole cohort suggest short-term improvements in activities of daily living after receiving a re-ablement service such as the ability to: get out of doors and walk down the road; wash face and hands; have a bath, shower or wash all over; get dressed and undressed; having control of the bladder
- **Impact of re-ablement on perceived quality of life**
  - changes occurring over time in the whole cohort suggest a significant improvement in perceived quality of life after receiving re-ablement services.
- **Impact of re-ablement on perceived health-related quality of life**
  - re-ablement service had a significant impact on health–related quality of life among the whole sample, highlighting the positive impact this service has had on the lives of service users.
  - Post re-ablement phase, service users were reporting fewer problems with mobility, self-care, usual activities, pain/discomfort, anxiety/depression and improvements in their general health.
- **Impact of re-ablement on perceived health**
  - changes occurring over time in the whole cohort suggest a significant short-term improvement in perceived health after receiving re-ablement services. At an individual level around a third of service users reported that their health had improved after receiving re-ablement services

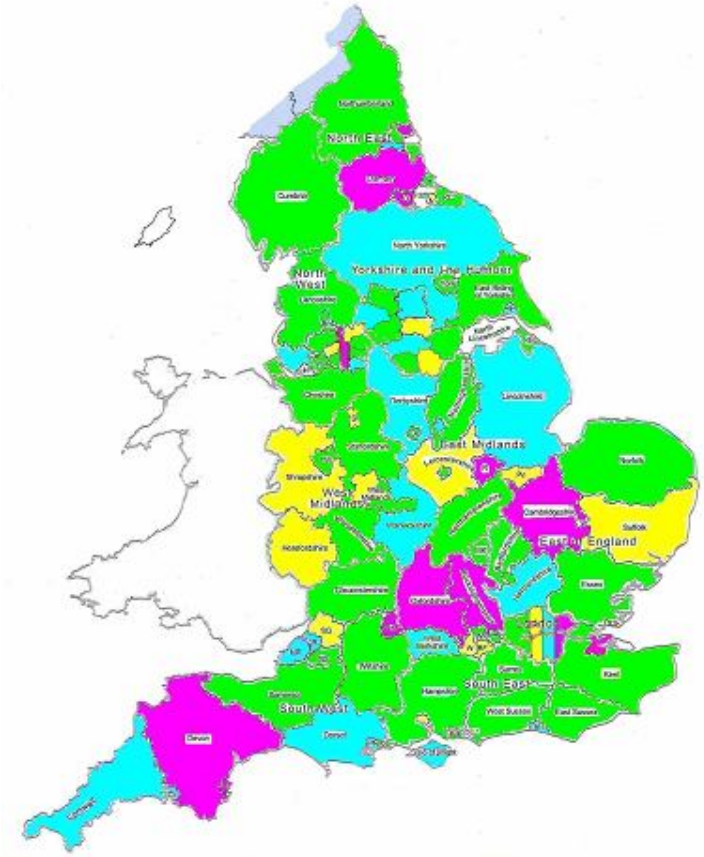
HOMECARE RE-ABLEMENT: Integrated Services (4)

Based on the Interim report of the Prospective Longitudinal Study, 418 participants identified services involved during their re-ablement phase

	Number	% of Customers
Occupational therapist	124	30%
Nurse	82	20%
Care manager	46	11%
Psychotherapist	42	10%
Social worker	35	8%
Other therapist	17	4%
Other professionals *	18	4%
*Includes GPs (4), intermediate care team (2), consultants (2), community response team (1), podiatrist(1)		

Some of these services had OT's in the service whilst others only had access to them when required

HOMECARE RE-ABLEMENT:
National Map of Coverage – Aug 2010

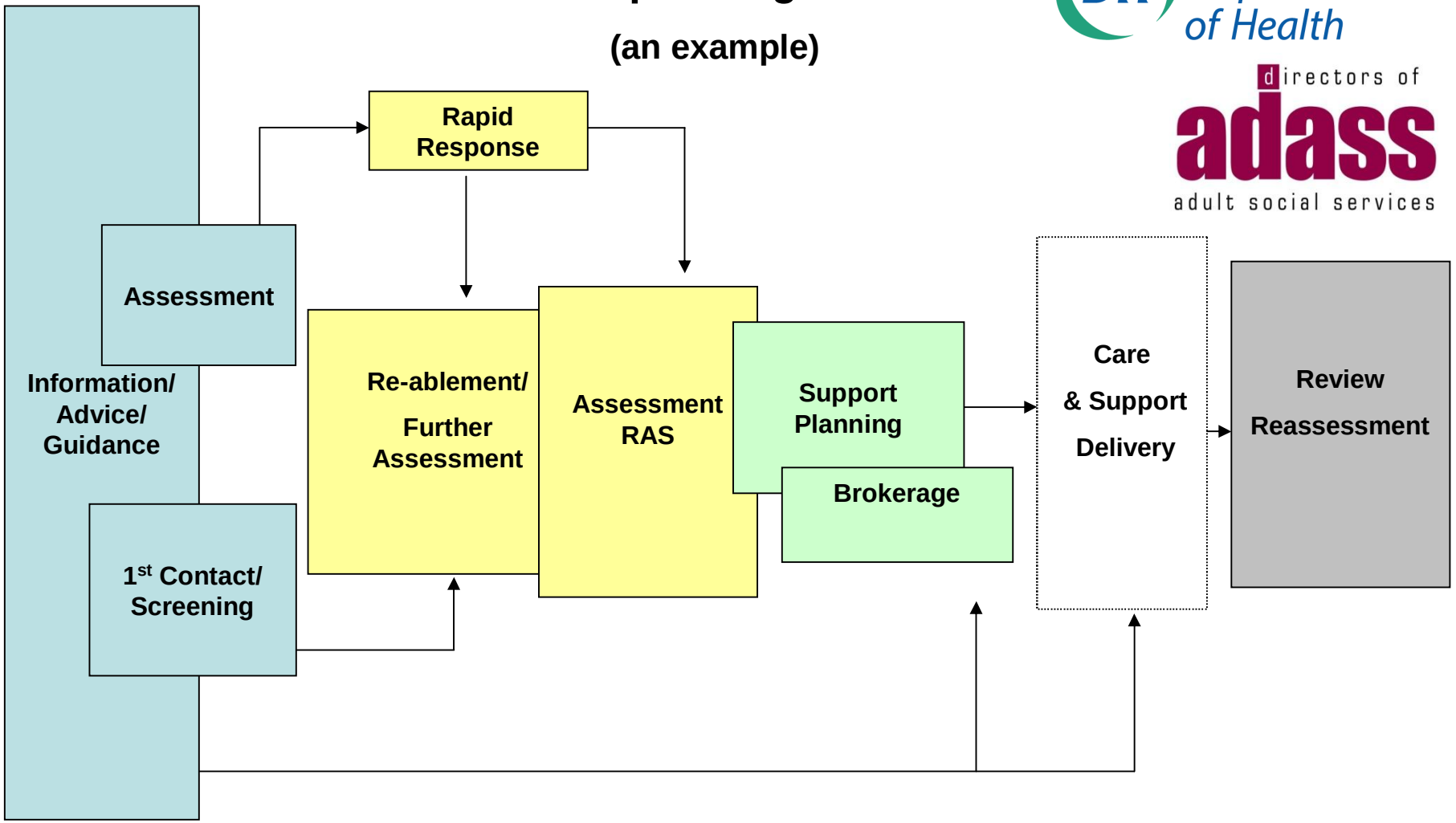


- information available from 149 (98%) CSSRs
- 16 (10%) CSSRs have a scheme
- 133 (88%) of CSSRs are in the process of either establishing a scheme, or enhancing or extending an existing scheme

16	Service in place with no declared intention to extend / expand / amend
71	Service in place but seeking to extend / expand / amend
45	Establishing a Service (various stages e.g. pilot)
17	No scheme in place but wish to develop
0	No plans for a scheme
3	No information held by CSED

SDS Operating Model

(an example)



Slide extracted from a presentation "**Personalisation in Social Care Services,** by Jeff Jerome at the National Homecare Council's conference, Oct. 2008

HOMECARE RE-ABLEMENT:
Developing the re-ablement approach

If one accepts the philosophy of re-ablement

- maximise independence
- first intervention should routinely be short-term

then it can be applied to other forms of care

- Leicestershire: extending to daycare
- Hammersmith & Fulham: extending to daycare
- Brighton: exploring extention to daycare and residential care
- Havering: residential and extending to day opportunities

HOMECARE RE-ABLEMENT: CSED Documents (1)

As a result of its work with CSSRs, CSED has produced a body of evidence which is available via its website:

Executive Summary and Discussion Document: published January 2007

- containing information from 5 case studies and 13 additional information sites, supporting documents: evaluations, evidence of benefits, example documents.

Assessment tools and satisfaction surveys: published August 2007

- 7 examples of functional assessment tools used within CSSRs
- Summary of outcome measures / standardised assessment tools
- 8 examples of satisfaction survey tools

Retrospective Longitudinal Study: published November 2007

- working with four CSSRs, tracks 2,441 people that underwent a phase of homecare re-ablement for 24 months and quantifies the duration of benefit

HOMECARE RE-ABLEMENT: CSED Documents (2)

Benefits for people at different levels of need: published January 2009

- provides data outcome on 14 services across 13 CSSRs, of which 10 are at substantial or critical

CSSR Status Directory Update: published March 2009

- provides an update on 137 CSSRs

Prospective Longitudinal Study (Interim Report): published October 2009

- provides initial learnings and observations on the short term outcomes, costs, organisation and content of services

HOMECARE RE-ABLEMENT: Contact with CSED

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