

Adult Social Care Scrutiny Commission Briefing Note

Reablement Service: Response to
Covid19 and Winter Resilience

Lead Member: Cllr Sarah Russell

Lead Director: Ruth Lake

Date: 10 November 2020

Wards Affected: All
Report Author: Ruth Lake
Contact details: Ruth.lake@leicester.gov.uk
Version Control: v1

1. Purpose

1.1 This briefing note is supplementary to the Winter Plan report being taken at the ASC Scrutiny Meeting of 10th November 2020. It highlights the specific issues for the Reablement Service operated by Leicester City Council, arising from the Covid-19 pandemic and winter resilience planning.

1.2 The briefing note covers:

- Background and context of the Reablement Service
- Impact of Covid-19
- Winter resilience plans

2. Briefing Information

2.1 Background and context

2.1.1 The Reablement Service was formally established in September 2009. It is a regulated service, registered with the Care Quality Commission and provides personal care to individuals in their own homes. It is specifically focussed on providing care that is therapeutic in nature, working with people who have lost and could regain a level of independence. The service is staffed by social care workers but operates in partnership with community therapy and nursing staff provided by Leicestershire Partnership Trust. Therapy staff support individuals receiving reablement, through their assessment and setting of independence goals, supported by therapy plans.

2.1.2 The service is short term, offering people a targeted intervention for up to 6 weeks. It is not a chargeable service, being covered by the Care Act 2014 regulations on the provision of free intermediate care. It is available to any adult aged 18+; however, it typically supports more older people, who have a degree of frailty and multiple long term health conditions.

2.1.3 The service is able to deliver a maximum of 1,400 contact hours per week and has 100 staff in its employment. The workforce is diverse, representative of the population it supports, with many carers living locally to the areas they work.

2.1.4 The Reablement service is rated as Good, for all 5 CQC domains (Safe / Effective / Caring / Responsive / Well-led). The service also participated in a national audit of Intermediate Care in 2018 and 2019. This identified that

it performs strongly and offers good value for money when compared to similar services in England. Of particular note:

- The average waiting time from referral to service start (Leicester 1.0 days / England average 5.3 days)
- Independence gained* (Leicester 18 / England Average 4.2)
- Total direct costs per individual supported (Leicester £1,540 / England average £1,937)

* This is measured using a tool called the Sunderland scale – a survey based assessment completed at the start and end of a reablement episode

2.1.5 The Reablement service is a critical element of the local health and care system and works are part of the integrated Home First offer within Leicester City. It supports two key objectives:

- Supporting people who are in the community and otherwise at risk of going into care / hospital, due to a change in personal circumstances (such as a fall or change in health condition).
- Supporting people in hospital to be discharged safely and receive a period of support aimed at recovery and increased independence at home.

2.1.6 The Reablement services operates an integrated model with community nursing and therapy services, all based at the Neville Centre. People are supported holistically and the nursing, therapy and social care staff hold frequent multi-disciplinary team meetings to ensure the right care is provided by the right professional. This removes organisational barriers in accessing care (such as referral processes) and avoids duplication, to give people a coordinated care response in their home.

2.1.7 The Reablement service sits within the Independent Living Service, which is an ASC portfolio that includes Reablement, Integrated Crisis Response Service (ICRS), LeicesterCare Community Alarm service and Assistive Technology. This supports a 'wrap around' pathway for people at a point when a life event occurs that threatens their independence. The case scenarios below illustrate how they connect to provide a coordinated response to people.

Case Scenario 1

2.1.8 Mr Singh lives with his wife; they are both 85 years old. Mr Singh had a fall and used his pendant alarm to call for help. The LeicesterCare service triaged the call and identified that Mr Singh was not obviously injured but was shaken and stiff. They requested a visit from ICRS, who attended within the hour. ICRS are trained falls responders. ICRS supported Mr

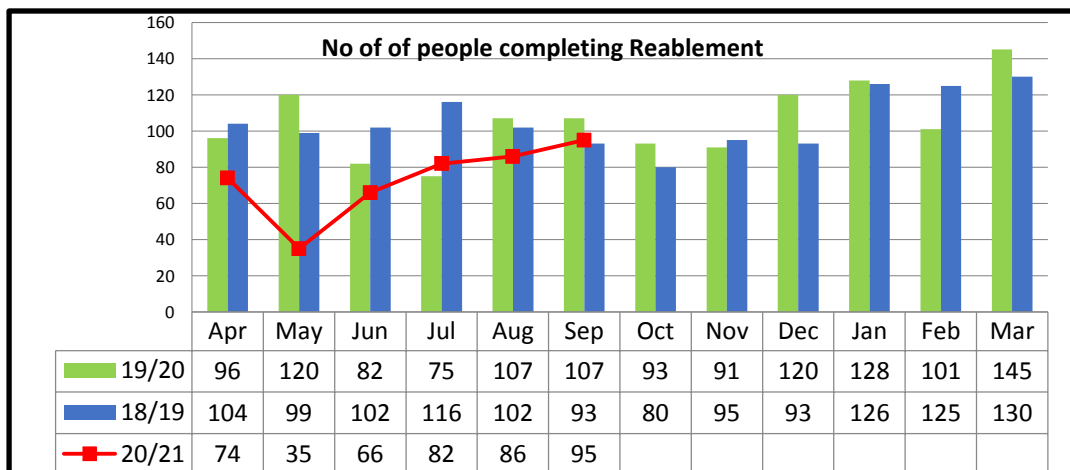
Singh for 48 hours and asked for an OT visit. They identified that he needed ongoing help with washing and dressing and passed his care over to the Reablement team. The Reablement team provided support for a further 3 weeks, by which stage Mr Singh had regained his confidence and mobility to its previous level, He was provided with small pieces of equipment, but had no further need for personal care.

Case Scenario 2

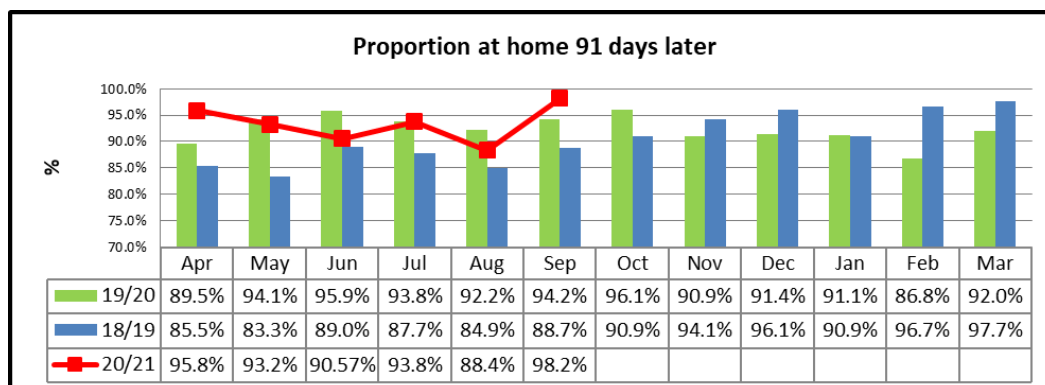
2.1.9 Miss Ball is 94 years old and lives alone. She was admitted to hospital after a period of confusion, resulting from a persistent infection. Whilst in hospital, there were concerns about her mental capacity and it was suggested she may not be safe to go home. Miss Ball was adamant that she wanted to go home and she had been managing with some support from a friend before her admission. Miss Ball was assessed on the ward by the hospital therapist and referred to ASC. She needed support with washing, dressing, transferring and meals preparation. The social work team triaged the referral and asked the Reablement Service to provide three care calls daily; Miss Ball left hospital the next day. She was supported over a period of 6 weeks and made good progress once back in a familiar environment. It appeared that Miss Ball’s ability to manage by herself was reduced on an ongoing basis and a package of home care was commissioned as she finished her reablement period. This was at a reduced level, of a short call each day to get fully washed. Equipment was provided including a pendant alarm and the community pharmacist completed a medication review. Miss Ball was able to stay at home, which was her wish.

Activity and Outcomes

2.1.10 The table below reports the numbers of people completing the service each month, since April 2018. The dip in activity in this year is related to the impact of Covid-19 which is further detailed below.



2.1.11 The table below illustrates the outcomes of people who used the service, in terms of their remaining at home. This is a statutory indicator reported via the Better Care Fund programme.



2.1.12 The Reablement service is measured through the new Ageing Well programme, in relation to its ability to respond to requests for care within 2 days. It achieves this in 100% of cases.

2.1.13 Additional services

The Reablement service is the Council's only direct personal care service and as such, is used to support need flexibly in addition to a reablement offer.

A notional Hospital Discharge Holding Team will provide (bridge) domiciliary care for hospital cases only (when the allocated domiciliary care provider is unable to start in time for the discharge date). This is a small part of activity but gives excellent resilience and assurance in meeting our discharge expectations.

The team have also supported external providers at risk of failure.

2.2. Covid-19 Impact

2.2.1 The reablement service has experienced changes over the last few months, as a result of the Covid-19 pandemic.

2.2.2. It should be noted that the service has remained fully operational throughout, which is testament to the dedication and skill of staff and managers. They have worked directly with people known to be Covid-19 positive. Individual risk assessment, for staff and for people receiving care, is core to this continued safe delivery of services.

2.2.3 The service prepared itself for a major surge in activity in March 2020, as hospitals sought to discharge people quickly and then experienced the

inflow of Covid-19+ patients. However, this surge did not materialise. There were few people in hospital who were well enough to leave but had not already done so, because the service is already very responsive to discharge. The cancellation of elective surgery and general reduction in people going to hospital for non-Covid reasons affected the usual flow of people into reablement. Hence capacity was good throughout and no people were delayed in a hospital setting due to lack of care at home. Of those who were discharged through the Reablement service, the outcomes were less positive than usual, which is directly linked to the complex health needs of the people being cared for. This is improving. The activity and outcomes impacts can be seen in the two charts above.

2.2.4 In terms of other Covid-related issues, the service has led the Council's response to PPE provision. It has also supported other activity such as safe and well checks.

2.3 Winter Resilience

2.3.1 As a core element of the social care system, the Winter Plan 2020 and the Service Continuity and Care Market Review, include the Reablement service and to that extent a full evaluation of risks and mitigations has been completed.

2.3.2 For ease of reference, in addition to the Winter Plan / Service Continuity and Care Market Review report, the key points for the Reablement service are summarised here.

Winter Plan

2.3.3 The Winter Plan includes actions for providers, and we have considered our position as the provider of Reablement services. We are satisfied that arrangements are in place that allow us to confirm that these actions (where relevant to the service) are completed. This includes:

- Needs and safety of people and staff is forefront
- Business continuity plans are reviewed
- All guidance is followed
- PPE is available
- Testing is available
- Flu vaccines are promoted

Service Continuity and Care Market Review

2.3.4 Assessed concerns regarding capacity

We have assessed our Reablement services as being 'not at all concerned'

2.3.5 Risks and Challenges

In response to the prompt list of anticipated challenges, in the Service continuity assessment (Workforce / COVID-19 / Financial / Service quality / Level of local provision / Provider business continuity) we have identified no risks requiring a level of concern to be rated.

2.3.6 Summary of resilience and capacity

We have assessed the Reablement service issues as follows:

“At present, the Council's in-house reablement service has capacity to support increased hospital discharges and could further increase this by assertive management of the duration of reablement episodes and the prioritisation of cases. This approach was used in the initial pandemic response and creates an additional 250 hours per week of capacity, which could be increased further by the use of overtime. Whilst not a risk arising from reablement capacity directly, the service is a contingency for external provider failure. The authority is still awaiting confirmation from its insurers that Council staff can work in privately-owned establishments. This reflects a growing concern at the reluctance of insurers to take on exposure in the market, due to the perceived risks. Further, extensive support to external providers (i.e. several at the same time) through use of this contingency would impact on capacity to deliver the core service.”

2.4 Conclusion

2.4.1 In summary, this is a highly regarded and resilient service, well respected by partners and people who receive support. We are confident, following the early pandemic response, that we are prepared for winter. This may present challenges, but mitigations and contingencies are in place that give us a good deal of confidence. The hard work of staff, who deliver this service 365 days per year, often in difficult situations and with a high degree of personal impact, should be recognised and commended.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) Note the report and to provide comment/feedback.

4. Supporting Papers

4.1 Adult Social Care Winter Plan and Service Continuity & Care Market
Review 2020/21, 10th November 2020