

WIRRAL COUNCIL

CABINET : 20 September 2007

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

ENABLEMENT AND REABLEMENT

Executive Summary

The emerging national direction of Adult Social Care is towards care and support which promotes independence, gives people real choice and control and which moves away from crisis driven long term dependence. The Department of Adult Social Services is using the national context to develop its own services and to inform commissioning intentions for the future.

1 Background

1.1 There are four distinct levels to the agenda for health and wellbeing as applied to social care:

- Working with partners to ensure that the risk of social exclusion is reduced for the whole community, by promoting health and wellbeing.
- Preventing or reducing the risk of people entering formal social services by promoting early intervention targeted services
- Helping people who are in social care services to recover their health and independence to either move into early intervention services or move out of services altogether
- Maintaining people's health and care needs in order to prevent further deterioration, or if deterioration is inevitable, help them to maintain control and personal dignity at every stage of their life.

1.2 Through all four levels, the over-riding themes are to:

- Involve people using or affected by the service as far as possible
- Maintain independence by promoting choice and control
- Work in close partnership with other parts of the public sector, primarily the Health Service, but also the wider Local Authority, Police and Fire and Rescue Services

The wellbeing of all sections of the community and in particular the most vulnerable people in the community is the business of all sectors. However, the Department of Adult Social Services alongside the Primary Care Trust is central to ensuring its success.

1.3 Evidence from a variety of sources indicates that the number of people requiring support in the future is forecast to increase and that alternative innovative and more efficient ways of providing support must be deployed to maximise the available resources. Although it is proposed to adopt the philosophy of enablement and Reablement across all services and thereby

to all the people who use those services, for some the potential for enablement or Reablement may be limited to maintaining existing levels of independence. The rest of this report will outline two major service developments within the Department.

2. Early Adoption by In-house Provision

- 2.1 A business case has been developed, integral to the Department's Transformational Change Agenda, to adopt an Enablement and Reablement approach across all directly provided services by 31 March 2008. For some services the adoption is well underway; for example, the expansion of the Wirral Enablement Discharge Service (WEDS) into the Wirral Home Assessment and Reablement Team (Wirral HART), and the proposals for Travel Mentoring, both of which are outlined in this report. For other services the philosophy is being used to underpin their future plans. The Changes to Residential Provision for Older People and Adults with Mental Health Needs, reported separately to Members, proposes changes which will facilitate the delivery of short-term interventions that enable and re-enable people rather than the provision of permanent care.

3 Wirral Home Assessment Reablement Team (Wirral HART)

- 3.1 Since 2004 the in house Home Care Service has worked in partnership with the Occupational Therapy Department of Wirral Hospital Trust to provide the Wirral Enablement Discharge Service (WEDS). This service has provided continued rehabilitation within the person's home following discharge from hospital. The success and cost efficiency of the scheme was evaluated and reported to Members in 2004 and also recognised by the Care Services Efficiency Delivery Programme (CSED) in January 2007 at a National Conference.
- 3.2 The aim of the development is to re-engineer the function of the in-house service from longer term maintenance support into an assessment and reablement service which can also function as an alternative to hospital admission or admission to residential or nursing care. Research indicates that moving towards an assessment and reablement service will take up a significant proportion of the current in-house capacity. As a result longer term support needs will be met by independent sector providers. Financial modelling to determine the size of the service and the savings that can be generated from this approach is currently being undertaken and will be the subject of a future report.

3.3 Wirral HART Phase 1

In the first phase of this development the current WEDS service has been renamed Wirral Home Assessment and Reablement Team (Wirral HART). This new title reflects the additional assessment role of the service and reflects the national trend in reablement; it emphasises that in the future the service will not focus solely on hospital discharges. The capacity of the team has been increased by the movement of current home care staff

(following training) into Wirral HART. This transition will continue to be facilitated by transfer of current workloads to independent sector providers. By the end of August the service will have increased from 16 enablers to 56.

3.4 Strategic Benefits of Wirral HART

- Reduction in whole life cost of care for individuals
- Increased independence and well being for people who use services as well as greater overall satisfaction with the service
- Improved integration of care pathways across the health and social care economy
- Development of a competent and skilled workforce equipped to meet national agenda of change within health and social care

4 Travel Mentoring

- 4.1 The ability to travel independently is of fundamental importance to all aspects of life regardless of disability. An inability to travel independently can create a significant barrier to personal success and satisfaction for people who use our services wishing to access employment, further education, training or leisure and recreation facilities.
- 4.2 A travel mentoring scheme was developed as a project and piloted in July 2007 to enable people who use departmental transport services to access public transport. It is anticipated that 72 people who use services will be travel trained within the first year of the scheme, and a formal launch of the new travel training service will take place in September 2007. Project monitoring reports will be reported each month and this will evidence outcomes and assist in planning future activities.
- 4.3 The Travel Mentoring Scheme being implemented has been developed with the assistance of a steering group consisting of people who use services and carers. The mentoring team have built trust and confidence particularly around the safety concerns amongst parents and carers. The programme offers a short-term intervention of comprehensive, intensive instruction designed to teach users how to travel safely and independently on public transport. The initial goal of travel mentoring is to enable people who use services to travel independently to a regularly visited destination and back.
- 4.4 The people selected will include existing and newly referred users to the transport service who are traveling to day centres, colleges, community activities and respites facilities. The first tranche of people to be trained predominantly people with a learning and physical disability.
- 4.5 The Transport Unit employs a team of Transport Co-ordinators who have been specially trained as Travel Mentors. The training delivered is tailored to meet individual needs and abilities. Prospective trainees are given an initial assessment to determine the degree of intervention (travel training)

required for them to undertake journeys to their desired destinations. A step by step plan of the proposed journey is prepared including a risk assessment. People on the scheme are taught how to use money and travel passes, numeracy and literacy skills, how to tell the time and manage their own time, how to communicate in travel situations, road safety, general safety, coping strategies and an understanding of emergency procedures. Modes of transport include buses and trains.

- 4.6 Although still within its infancy, the Travel Mentoring Scheme has already proved to be very successful in creating a viable alternative to statutory transport provision, promoting independence and contributing to the regeneration of the local economy.

5 Other In-house Services

All in-house services are being geared towards the enablement and reablement approach. The level of intervention will depend on the needs and abilities of each individual person and will vary accordingly. For example, Day Services are driving an approach which focuses on employment and meaningful activity for those people within the service who are able to participate in that level of activity, whilst for those with more complex needs the focus will be on targets which are achievable for them. Residential services for people with physical or learning disabilities and Supported Living services are in the process of formalising the enablement approach in the delivery of those services. Implementation will be reported to Members at a later date.

6 Commissioning for Enablement and Reablement Services

The forthcoming "Commissioning Framework for Health and Wellbeing" emphasises the need to ensure that all parts of social care, including those aspects which are delivered by the independent sector have a fully integrated approach the health and wellbeing. This follows on from the emphasis on choice and control with the Department of Health White Paper "Our Health Our Care Our Say", published in 2006. An increasing emphasis on the health and wellbeing, and on the possibilities of recovery and independence for individuals will lead the Department to fundamentally reconsider commissioning and contracting priorities. This will mean a requirement of independent providers to ensure there is an increasing focus on recovery and this will be built into contracts; or, if this is not possible, that the health, wellbeing and independence of an individual is maintained as far as possible at every stage of their life.

7 Financial Implications

7.1 Wirral HART

Efficiency savings generated within the health and social care system by a similar scheme to Wirral HART introduced by Leicester City Council suggests that that the ongoing cost of care can be reduced by 23%

(Leicester report efficiencies of over £800,000 per year). It is anticipated that the actual efficiencies that can be generated locally will be more accurately projected using the results of the initial implementation. This information will be brought to Members in a future report.

- 7.2 The service meets the criteria which identifies it as an intermediate care service, for which the Council in line with the DoH Circular LAC (2003)14 makes no charge. This also reinforces the assessment and therapeutic nature of the service. This approach is in keeping with that of most other Local Authorities who provide a reablement service. Initial calculations indicate that the cost of carrying out a financial assessment and the collection of any charges would be greater than the income gained for those cases where there is no ongoing package of care. Fairer Charges will be levied in the usual way for any longer term packages.
- 7.3 The proof of the longer term efficiency of reablement services is currently being researched by York University and an initial report which looks at retrospective data is due to be presented to the Association of Directors of Adult Social Services in the near future. Wirral WEDS service have been involved in the retrospective study
- 7.4 Travel Mentoring

The Travel mentoring scheme is an 'invest to save' alternative to direct transport provision by the department. Travel Mentoring involves a high initial investment on training in terms of staff input followed by reduced ongoing travel costs. In some cases it is anticipated that people who use services will no longer depend on the department to provide transport. The efficiency target set for the first year of implementation is £200,000 and good progress towards achieving this has been reported to members in the Budget Monitoring Statements.

8. Staffing Implications

- 8.1 Wirral HART
The Wirral HART service is a partnership service between DASS and the Acute Hospital Trust who provide Occupational Therapy input to the service. This OT capacity has been generated by the reconfiguration of acute trust services. The final capacity of the reablement/assessment service including the balance between care staff and therapy input requires further modelling and options will be put before Members in a future report
- 8.2 Travel mentoring
Existing staff are being used to provide travel mentoring and no additional resources are required as a result of this initiative.

9 Equal Opportunities Implications

Enablement and Reablement is designed to enhance equal opportunities for people who use our services. Initial opportunities will be focused on people with the greatest potential to benefit but it is anticipated that in the long term the same opportunities will be made available to all new and existing people who use our service. The approach will also promote equal opportunity for other vulnerable people and for those who are most at risk of illness or frailty

10 Community Safety Implications

Vulnerable people using public transport may be exposed to greater risks; however, robust risk assessments will be carried out as part of the process. Promoting the health and wellbeing of the community also addresses the community safety issues which may affect their perception of wellbeing

11 Local Agenda 21 Implications

Enablement and Reablement supports the principles of Agenda 21 in that it proposes the establishment of autonomy, independence and healthier lifestyles.

12 Planning Implications

There are no planning implications arising from this report.

13 Anti Poverty Implications

Wirral HART This is not a means tested service and will be free to Wirral residents at the point of delivery and therefore should not disadvantage low income groups. It will also reduce longer term dependency on costed packages of care for which individuals may have had to make a financial contribution. The approach to health and wellbeing will work with partners to reduce the risk of financial poverty for all groups and in particular the most vulnerable people in Wirral

14 Social Inclusion Implications

The criteria for Wirral HART is socially inclusive in that it will accept the referral of any adult Wirral resident based upon the individual's need for assessment and their capacity for reablement. Independence of movement and accessibility of transport is a fundamental part of feeling socially included. For the general population, the approach ensures that the risk of social exclusion is minimised.

15 Human Rights Implications

The proposals in this report comply with 'Article 8 'respect for private and family life' and contribute to the social inclusion of vulnerable people.

16 Local Member Support Implications

16.1 Residents from all Wards will be able to access the Wirral Hart Service; likewise residents from all Wards may be affected by the transfer of their long term care from the in house service to the independent sector.

16.2 People who use transport and their families who may be affected by the transport mentoring scheme live in all wards of the borough.

17 Background Papers

Cabinet report dated 24th January 2007 Provision for the Future – An Overview of the Direction for Care Services
Our Health, Out Care, Our Say – DoH White Paper February 2006

18 Recommendations

That

(1) the approach taken by the Department of Adult Social Services, away from crisis led services which can result in long term interventions, towards enablement and re enablement be endorsed;

(2) the initial implementation of Wirral HART be acknowledged and this change in service delivery by the in-house homecare service be supported and the consequent transfer of some care to the independent sector;

(3) a future report be presented to Cabinet to detail the initial efficiencies generated by Wirral HART and model any further savings that may be achieved from this approach; and

(4) the approach taken to providing travel mentoring outlined in this report be noted.

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