



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

23 SEPTEMBER 2021

REPORT TITLE:	REABLEMENT REVIEW
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

To provide members of Adult Social Care and Public Health Committee with the outcome of a review of reablement provision on Wirral, including analysis of potential alternative models.

To request members views on the current reablement service model and whether consideration is to be given to developing an alternative future model for delivery of reablement services in Wirral.

This is not a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is requested to consider the content of the report and to provide a view on the current reablement service model and whether consideration is to be given to developing an alternative future model for delivery of reablement services in Wirral.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 A comprehensive exercise was undertaken to compare alternative delivery models for reablement services. As part of this review, consideration has been given to the risks, costs, and quality of delivering reablement services with the included alternative models.
- 1.2 Research has shown that all of the alternative models would cost more than the current model. The current model is offering positive outcomes for people with an average length of 3 weeks on the service and 38% of people having their aims achieved and not then requiring any ongoing further support.
- 1.3 Wirral's current model has been evaluated as the most cost-effective and efficient model for Wirral. Implementation of a Council led model, or an NHS led model would incur additional costs of:
 - Council and NHS led model would incur an additional £991,582 per year, a 35% increase on existing cost.
 - Council led model would incur an additional £622,916 per year, a 22% increase on existing cost.
 - NHS led model would incur an additional £1,098,129 per year, a 39% increase on existing cost.
- 1.4 In the context of the Council wide budgetary pressures, set alongside the positive outcomes being delivered through the current model, a shift into a new delivery model would not achieve more effective use of resources.

2.0 OTHER OPTIONS CONSIDERED

2.1 Wirral's Current Model

- 2.1.1 Wirral currently has a hybrid model of reablement. The Assessment element of this is in the Wirral Community Health and Care NHS Foundation Trust, as part of Wirral Social Work contract, and the delivery element is provided by community domiciliary care providers as part of a full Care and Support at Home offer which covers reablement, domiciliary care and Continuing NHS Health Care (CHC). For the purpose of this report, we have separated the operational reablement costs and activity from the full Care and Support at Home Service.

2.1.2 Reablement Data from April 2020 – March 2021

- 2020 People received a reablement service
- 60,000 hours of reablement was delivered in 2020/21
- People are on the service for an average of 3 weeks
- 39% of people went on to having long term care at home
- 38% of people aims were achieved and no ongoing service required
- 15% of these went onto a bed-based service
- 8% of people ceased the service

We have seen a 22% growth in the reablement service from 2019/20 to 2020/21.

- 2.1.3 The service has continued to meet the increase in demand with no spot purchase contracts required for delivery. The innovative approach and service monitoring has ensured the success of the commission whilst ensuring improved outcomes for service users.
- 2.1.4 The positive outcome data illustrates the value of reablement services to people. However, through reviewing the various options and outcome measures there is opportunity for further development of comparator data for pre and post reablement level of need, and further development of initial goal setting methods.
- 2.1.5 The overall annual cost of the current reablement service including the assessment element is **£2,788,190**.
- 2.1.6 The Council agreed on 1 March 2021 to approve funds to continue to support the Real Living Wage (RLW) initiative, and the fee model for 2021/22 continues to include this as an option for providers.
- 2.1.7 The hourly rate for Care and Support at Home Service (including reablement) is £17.79 RLW or £16.64 standard. All the current providers delivering this service are paying the RLW and are therefore receiving the rate of £17.79.

2.2 Council and NHS led Model

- 2.2.1 This model is for the direct delivery within the Local Authority and assessment element remaining with the Wirral Community Health and Care NHS Foundation Trust as part of the Social Work contract.
- 2.2.2 Based on the reablement figures for Wirral in 2020/21 of 60,000 hours, 2020 service users we have modelled this with the assumption of requiring.
 - 1 Registered Manager
 - 4 Care Co-ordinators
 - 4 Senior Carers
 - 45 Care Assistants (based on a 25-hour week working over 7 days)
- 2.2.3 Based on research, other Council led reablement services have approximately 840 service users per year and they are on the reablement service for an average 3.5 weeks.

The overall annual cost would be **£3,795,327**.

2.3 Council Led Model

- 2.3.1 This model is for the whole service delivery within the Local Authority including the assessment element.

2.3.2 Based on the reablement figures for Wirral in 2020/21 of 60,000 hours, 2020 service users we have modelled this with the assumption of requiring.

- 1 Registered Manager
- 4 Care Co-ordinators
- 4 Senior Carers
- 45 Care Assistants (based on a 25-hour week working over 7 days)

2.3.3 Based on research other council led reablement services have approximately 840 service users per year and they are on the reablement service for an average 3.5 weeks.

The overall annual cost would be **£3,426,661**.

2.4 NHS Led Model

2.4.1 This would be based on the whole model being delivered within the NHS including direct provision.

2.4.2 Based on the reablement figures for Wirral in 2020/21 60,000 hours, 2020 service users we have modelled this with the assumption of requiring.

- 1 Registered Manager
- 4 Care Co-ordinators
- 4 Senior Carers
- 45 Care Assistants (based on a 25-hour week working over 7 days)

2.4.3 The assessment element would remain with the Wirral Community Health and Care NHS Foundation Trust as part of the Social Work contract.

2.4.4 Based on research other hybrid / outsourced models have approximately 960 service users per year and are on the reablement service for an average 3 weeks.

Overall annual cost would be **£3,901,874**.

3.0 BACKGROUND INFORMATION

3.1 Care and Support at Home Service Commission

3.1.1 In 2018 Wirral Health and Care Commissioning (WHCC) was newly formed, and the Healthy Wirral Partnership established. As part of this integration an opportunity arose for a joint commission, with an ambitious, fully inclusive service called the “Care at Home Support Service” delivering:

- Reablement
- Domiciliary Care
- Complex Care (Domiciliary)
- CHC non- complex (not requiring nursing from registered provider)
- End of Life Care
- Trusted assessment / Provider led reviews.

- 3.1.2 The Care and Support at Home Commission enables Providers to retain any reablement clients, should they require continued support which negates the need for them to be handed over to another domiciliary care provider ensuring continuity of care and better outcomes for the individuals.
- 3.1.3 The Market Position statement for the Council describes the ambition to increase the community offer, with a “Home First” approach and reduce the number of residential and nursing placements in the Borough. WHCC carried out a joint review of its existing domiciliary care commission, investing 18 months of time with the domiciliary care provider market, (working collaboratively with the Wirral Community Health and Care NHS Foundation Trust) to understand the pressures and demands on the delivery challenges for all stakeholders. This enabled us to co-produce the current local model for Wirral, whilst building an open and transparent partnership.
- 3.1.4 The service was procured in autumn 2018 with an implementation date of April 2019. A 5-year plus 5-year contract was established, with potential for a break clause in March 2024.
- 3.1.5 One of the requirements of the specification was that providers had to be registered and rated either Good or Outstanding by the Care Quality Commission (CQC) at the point of award.
- 3.1.6 The new model is delivered across the four Wirral localities (West Wirral, South Wirral, Birkenhead, and Wallasey) with a Primary and Secondary Provider within each of the localities, and several Peripheral providers who deliver across Wirral.
- 3.1.7 The current commission has achieved:
- Efficient use of pooled resources to create a single aggregated fee rate supporting market sustainability
 - Provider confidence in the business model, and this assists with recruitment and retention. They have a 5 year plus option for a further 5-year contract duration (2024-2029) which has enabled providers to invest in long term support solutions including technology and electronic support planning.
 - A reduction in waiting lists and a responsive service offer for both community and hospital discharges.
 - A streamlined case management process
 - A more than favourable comparison to other LA's deployment figures
 - Application of an e-brokerage system which allows WHCC to monitor both flow and track flow of reablement cases

3.2 Trusted Assessor

- 3.2.1 The Care and Support at Home development included the introduction of “Trusted Assessment” within the domiciliary care market. Trusted Assessment allows Care and Support at Home providers to recommended changes to packages of care, working with delegated social work services to agree either safe reduction or increase. This enables more-timely review of packages, improves outcomes for people and creates capacity to support flow of care in key areas such as acute hospital discharge.

3.2.2 This was developed to:

- Create capacity and flow within the domiciliary care market
- Promote greater consistency for individuals and carers
- Reduce transactions and demand for review, maximising flow and freeing up capacity
- Promote appropriate decision making closer to the individual - enable providers to make informed decisions with an agreed professional governance structure
- Facilitate more cohesive working relationships
- Creating capacity within brokerage to focus on other priority work

3.2.3 The Trusted Assessment model was co-produced by commissioning leads, domiciliary care agencies and Wirral Community Health and Care NHS Foundation Trust.

3.2.4 An agreed Memorandum of Understanding (MOU) was developed covering: -

- Governance
- Assessment / Review (Care Act compliant)
- Risks / Parameters
- Communications
- Outcomes

3.2.5 The use of Trusted Assessment in reablement has enabled quicker turnover of service users and reduced the length of time individuals are on the service due to providers being able to risk assess and amend care in a timely way along with ensuring continuity of care.

3.2.6 Trusted Assessment within the market is showing an efficiency and has created additional capacity, as well as supporting the social care providers with Care Act complaint reviews being met. Full year effect projected a £270k saving which equates to 17,307 hours. Further work is underway to enhance the Trusted Assessor working closely with NHS social care providers on a governance structure to enable domiciliary care providers to order low- level equipment.

3.3 Provider and Service User Feedback

3.3.1 Registered Manager provider A, "Delivering a top to bottom service involving Domiciliary, End of Life and Reablement provides a workforce who are skilled and competent in a variety of services. This allows us to identify the best resources to meet individual care and support needs. This is something we do whilst working closely with health partners and providers. A top to bottom service not only aids capacity, but speeds up the discharge process, alleviating pressures within our hospitals. As a provider who is equipped to deal with a variety of care services, we have seen better outcomes for people which in turn reduces hospital readmission. That coupled with a dedicated in-house team of 'Trusted Assessors' authorised to flex services up and down, really does make a difference to our operations!"

- 3.3.2 Registered Manager provider B said: “The absolute key benefit of the top to toe (wraparound) contract has to be the smooth transition for the people using the commissioned services. The single point of entry process together with the use of a single provider for the entire journey of the individual, ensures continuity and stability for the individual and their loved ones. This can ease the tensions and pressures created by moving around from provider to provider. It also ensures that all providers offer training in all areas to their workforce. This in turn creates a more highly skilled sector across the various disciplines. Building relationships with one another has been central to its success, especially when launching new initiatives like the Trusted Assessor which has been a huge success and streamlined operational processes”.
- 3.3.3 Working collaboratively with the Council, its support teams, and a range of health professionals, whilst putting the individual and the families at the centre of the service is crucial to the success of the wraparound model.
- 3.3.4 Service user A feedback, “I am very happy with the service that has been provided and the way the staff have encouraged me to undertake tasks that I would ordinarily have left. I am feeling a lot more confident in my own home, and confident knowing the staff will be calling in to get me back on my feet”
- 3.3.5 Service user B feedback, “The reablement service has had such a positive impact on my life”
- 3.3.6 Service user C feedback, “I don’t know what I would have done without the reablement service, you have got me back on my feet and provided an outstanding service”

3.4 Regional Feedback

- 3.4.1 Since the commencement of the new commission, we have received numerous enquiries regionally regarding the Care and Support at Home Service, including:
- NHSE - have asked Wirral to share approach on market management with other systems.
 - Other systems asking for Wirral’s approach from across Cheshire and Merseyside.
 - In comparison to other systems, we are sustaining a low-level waiting list which supports discharges to community from acute settings, which is more effective than other areas.

3.5 Research Methodology

- 3.5.1 We reached out to 23 North West Local Authorities (LAs) to find out how their reablement service is delivered, 8 responded. We have worked with 3 of these as a comparison to the models detailed above.

3.5.2 We asked the following questions:

- Do you have a reablement service in your authority?
- If yes, is it in-house, outsourced or hybrid (mixed)?
- Average number of service users you provide reablement to monthly?
- Average length of time a service user is in receipt of this service?

LA	Wirral	LA 1	LA 2	LA 3
Type	Hybrid	Outsourced	In House	Hybrid
Average number of service users per month	159	80	70	80
Average length of time a service user is in receipt of this service?	3 weeks	2.9 weeks	3.5 weeks	4.5 weeks

3.5.3 5/8 LAs have reablement still in-house. The main reason given by other Local Authority colleagues for retaining an in-house service was the ability to control and support the discharge process, not for financial purposes. Although one Local Authority stated they use their local community care market for additional capacity. This is both as a result of additional volume that is not able to be met, and the delays in the handover process from reablement to community domiciliary care.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There will be no Financial Implication to the budget from this report, however if exploration of a future alternative model is proposed the following estimated costs would need to be considered.
- 4.2 A Council and NHS led model would have an overall estimated additional cost of £991,582 per annum.
- 4.3 A Council led model would have an overall estimated additional cost of £622,916 per annum.
- 4.4 An NHS led model would have an overall estimated additional cost of £1,098,129 per annum.

5.0 LEGAL IMPLICATIONS

- 5.1 The current commission of the Care and Support at Home Service has been undertaken in accordance with The Public Contract Regulations 2015 and the Council's Contract Procedure Rules. It should be noted that the current contract is for 5-years (2019-2024) with the option to extend for a further 5 years (2029), considerations would need to be given to the contractual obligations.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no resource implications for the continuation of the current model.
- 6.2 The development of a Council led model or NHS led model would require additional resources:
 - HR
 - Organisation Development (Training)
 - Finance
 - IT
 - Equipment, i.e., mobile devices
 - Building / Office space
 - Admin

7.0 RELEVANT RISKS

- 7.1 There are no risks presented by this report as there is no decision recommended to alter the current service model and contractual arrangements.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Significant engagement with the domiciliary care provider market and to understand the pressures and demands on the delivery of the service and the challenges for all stakeholders. This enabled co-production of the current model for Wirral, whilst building an open and transparent partnership.

9.0 EQUALITY IMPLICATIONS

- 9.1 Equality implications are embedded into the procurement and tender processes used as part of the application process and are considered when evaluating tender applications. Equalities implications are also part of the decision-making process when an award is made.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The current model for Care and Support at Home supports to reducing emissions as staff rotas / care schedules are coordinated to enable care staff to undertake their work by walking, car sharing or the use of a bicycle. This plays a valuable role in the reduction of air pollution levels.

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APPENDICES

N/A

BACKGROUND PAPERS

<https://www.scie.org.uk/reablement/what-is/principles-of-reablement>

<https://www.nhs.uk/conditions/social-care-and-support-guide/care-after-a-hospital-stay/care-after-illness-or-hospital-discharge-reablement/>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	7 June 2021