


*Scottish Borders Health & Social Care
Strategic Planning Group*



Meeting Date: 21 September 2022

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SCOTTISH BORDERS HOMECARE REABLEMENT APPROACH	
Purpose of Report:	To provide an update on the use of the Reablement Approach by the Scottish Borders H&SCP.
Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Note the Reablement work by NHS Borders and SBCares that is already underway and the benefits of this approach • Agree that a further business case will be submitted for discussion following the completion of the Reablement Pathfinder, its subsequent evaluation and discussions on a future Borders wide operating model. • Agree to the progression of the scoping of one integrated SB Cares / Home First service • Agree to a future proposal being submitted later in the year with an outline approach for an Integrated Reablement Service with SB Cares and Home First.
Personnel:	A future Integrated Reablement Service would impact the staff within the Current Home First Team, the OT's within H&SC teams and SB Cares Home Care Support Workers. Careful consideration will require to be given to the proposed integrated structure and will require to involve HR teams from both NHSB and SBC. In addition, this will be considered at the Joint Staff Forum.
Carers:	Unpaid Carers can play a key role in the Reablement approach so will be included in any future service development discussions. The IJB carers workstream will be engaged.
Equalities:	<p>An Equalities Impact Assessment has been completed for the Reablement South pathfinder project, but a further EIA will be required for a potential future Integrated Reablement approach.</p> <p style="text-align: center;">  Integrated Impact Assessment Form - R€ </p>
Financial:	SBCares and Home First have financial efficiencies which will need to be considered when developing a future Reablement approach.

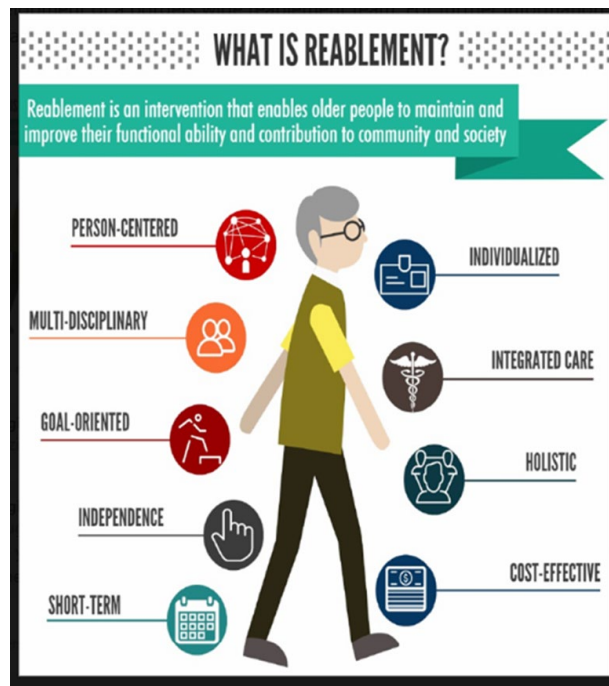
Legal:	Any future integrated service provision will require to fit with relevant legislative commitments across the HSCP.
Risk Implications:	There is the risk of delays to an integrated service due to grading differences in staff roles in NHSB and SB Cares. This may also result in staff unease. A full risk assessment will be provided as the Integrated Service discussions progress.

1. Situation

- 1.1 The Integration Joint Board's Strategic Implementation Plan committed to to fully embedding transitional care / home based intermediate care as a model, and to develop a re-ablement approach for care at home service users.
- 1.2 Home First currently provide an Allied Health Professional (AHP) led Reablement service. When this service was originally commissioned by the Integration Joint Board, it was noted and expected that this would provide an integrated hospital at home and reablement Discharge to Assess service. Due to recruitment issues at the time in social care, this did not progress and so a Hospital to Home reablement service was developed that did not provide Discharge to Assess as standard for all patients.
- 1.3 SBCares have commenced an 8 week Reablement Pathfinder in the Teviot area. The evaluation of which will be available at the end of October 2022.
- 1.4 Both services seek to deliver on the aims from the IJB Strategic Implementation Plan (2018-22) as well as the National Health and Wellbeing Outcomes.
- 1.5 There is a desire to look at the potential for an Integrated Reablement team following the review of the Reablement Pathfinder evaluation. A future Integrated Team would provide Reablement services across the Borders, 7 days a week. The focus would not only be on hospital discharge patients, but would also focus on those in the community that may need a small package of care or some support to prevent admission.
- 1.6 Both Home First and SBCares have financial efficiencies that need to be met, so any future model will delivered in a financial sustainable way.

2 Background

- 2.1. Reablement is short term or time limited support that helps a person to adapt to changed circumstances, such as functional loss after an illness or accident, or to regain confidence and capacity to return to their previous level of activity, enabling them to do things for themselves, rather than having things done for them. It involves a process of identifying a person's own strengths and abilities by focusing on what they can safely do instead of what they cannot do anymore.
- 2.2. Reablement aims to assist people to maximise their independence



- 2.3. Research on Reablement by De Montford University on the benefits of homecare Reablement and reported the following results at first review:

Package required at first review	Reablement service	Control Group (i.e. with no Reablement)
Discontinued	58%	5%
Reduced	17%	13%
Unchanged	17%	71%
Increased	8%	11%
	100%	100%

- 2.4. This approach fits with the 9 National Health and Wellbeing Outcomes.

Outcome	Comment
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	Reablement promotes independence and allows people to remain in their own homes.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	As above.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Reablement approach promotes independence giving people more choice and control over their support.

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	A reabling approach enabling physical and social independence are inextricably linked to perceived quality of life. Quality of life will be measured at each stage of the Reablement South Pathfinder.
5. Health and social care services contribute to reducing health inequalities.	The Reablement service will be available to all that are deemed to be able to participate.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Providing education and support to unpaid carers is a fundamental component of the Reablement approach.
7. People who use health and social care services are safe from harm.	Service user safety remains paramount throughout the Pathfinder project. Daily meetings will ensure any concerns are raised and dealt with.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Reablement training has been provided and support throughout the project will be provided by the OT leads. Staff motivation and job satisfaction will be measured before and after the Pathfinder and reported in the evaluation. Evidence from other areas suggests that staff motivation and satisfaction will improve as a result of working using a Reablement approach.
9. Resources are used effectively and efficiently in the provision of health and social care services	The short term investment in Reablement should reduce ongoing care costs and release staff capacity to deal with growing demand.

3. Assessment

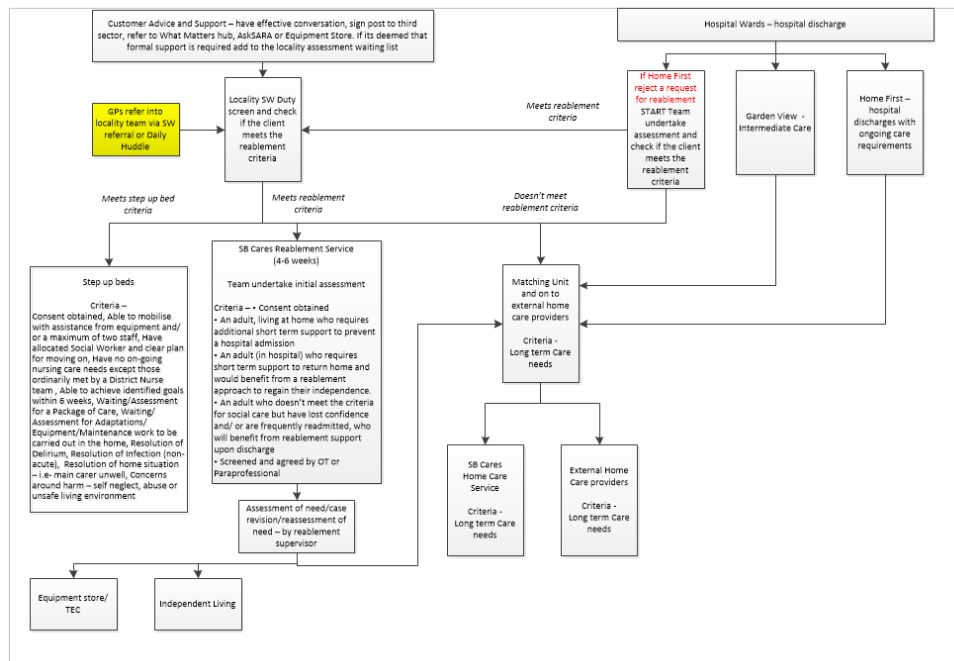
3.1 The Reablement approach has been used by the NHS Home First Team since 2019. The Home First team has evidenced that this approach over a 12 month period reduced the potential demand on long term care needs by approximately 1051.6 visits and equating to 318 hours of ongoing care. This saving would have been greater if not for the national recruitment challenges within home care. The IJB and IJB Audit Committee were updated on the [Home First position](#) earlier in the year.

3.2 In line with the IJB Strategic Commissioning Plan, SB Cares have been keen to understand how the Reablement approach can benefit their service users, their service and deliver significant efficiencies by way of reductions in care packages. Any reduction in care packages would release capacity into the care at home system as well as help manage the future demand created by demographic growth.

3.3 As a result a Reablement Pathfinder Project has been established in the South Home Care area (Hawick). The Pathfinder is running for an 8 week period from 15th September giving service users the opportunity for a 4-6 week period of Reablement. During the Reablement period, service users will be reassessed weekly to establish any change in functional ability and quality of life. When the period of Reablement is complete, the

service user will be assessed for any longer term care needs, equipment or TEC (Technology Enabled Care) which may be required. The hope being that any long term care needs will be minimal. The pathfinder is working with service users from the social care community waiting list, those discharged from hospital and those currently in Upper Deanfield Care Home.

3.4 The Reablement Pathfinder process can be seen below.



3.5 The Reablement team comprises of the Teviot Health & Social Care Team Leader, an Occupational Therapist, a Paraprofessional, a Reablement Supervisor and 9 Reablement Home Care Support Workers. Support for the project is also being provided by Senior Managers within SBCares.

3.6 The pathfinder aims to realise the following benefits for service users –

- Improving quality of life
- Keeping and regaining skills, especially those people who have potential to live independently
- Regaining or increasing confidence
- Improving health and well-being
- Increasing people's choice and autonomy
- Person centered practice
- Enabling people to be able to continue living at home
- Reducing the need for ongoing care and support

3.7 The benefits for staff

- Greater job satisfaction
- Doing something worthwhile
- Learning and developing new skills
- Motivating

3.8 Other Benefits

- Improvements in National Health and Wellbeing Outcomes (noted above)
- Prevention of admissions
- Improved whole system flow
- Reduced waiting lists
- Reduced or no ongoing care package (Glasgow outcomes 45% no care and 18% reduction on average in people who continued to need care [Glasgow's Reablement Service - YouTube](#))
- Reduction in homecare hours will help manage future demographic pressure - research suggests an average reduction of 28% in required homecare hours [Research into the Longer Term Effects/Impacts of Re-ablement Services \(core.ac.uk\)](#)

3.9 The pathfinder is running for 8 weeks from 15th September 2022, with the evaluation being available by the end of October 2022.

3.10 The evaluation will cover –

- Percentage of people that have received Reablement that need no follow on support
- Assessment of package required prior to Reablement vs the package required after Reablement (Care hours and costs)
- Increase in functional ability pre and post Reablement (Recorded in Mosaic)
- % of those that have been through the Reablement approach that no longer require a service up to 6 months post-Reablement (and follow up on a sample after 12 months – satisfaction and update on current situation, provider 6 month review info)
- Perceived quality of life score pre and post Reablement (recorded in Mosaic)
- Double handed care reductions to single handed care
- Increase of use of Technology Enabled Care
- Reduced locality waiting list
- Reduced demand on START and Locality team assessments
- Staff motivation and job satisfaction

Feedback from staff and clients will also be recorded.

4. Next Steps

4.1 Should the Pathfinder evaluation be positive, it is proposed that discussions will take place with Home First around integrating the two approaches to create one Integrated Reablement team which will operate across the Borders.

4.2 A Business Case will be submitted to the SPG/IJB when a proposed future integrated operating model has been scoped.

5. Recommendations

- Note the Reablement work by NHS Borders and SBCares that is already underway and the benefits of this approach.
- Agree that a further business case will be submitted for discussion following the completion of the Reablement Pathfinder, its subsequent evaluation and discussions on a future Borders wide operating model.
- Agree to the progression of the scoping of one integrated SB Cares / Home First service
- Agree to a future proposal being submitted later in the year with an outline approach for an Integrated Reablement Service with SB Cares and Home First.

DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014							
Reference number	SBIJB-210922-2						
Direction title	Development of a business case for an integrated re-ablement approach across the Scottish Borders, provided by an integrated Home First and SB Cares service						
Direction to	Scottish Borders Council and NHS Borders						
IJB Approval date	TBC – the paper will be considered at the IJB on 21 September 2022						
Does this Direction supersede, revise or revoke a previous Direction?	Yes (Reference number: SBIJB-08-11-17-1 Discharge to Assess) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Supersedes</td> <td style="width: 5%; text-align: center;">X</td> <td style="width: 25%;">Revises</td> <td style="width: 5%; text-align: center;">X</td> <td style="width: 25%;">Revokes</td> <td style="width: 5%;"></td> </tr> </table>	Supersedes	X	Revises	X	Revokes	
Supersedes	X	Revises	X	Revokes			
Services/functions covered by this Direction	Social Care (Scottish Borders Council Care at Home), Hospital to Home (Home First)						
Full text of the Direction	<p>To evaluate the re-ablement pathfinder, and report to the December IJB with a business case for an integrated SB Cares and Home First service. As part of the development of this business case, it is expected that:</p> <ul style="list-style-type: none"> • There will be full engagement with staff, with service users, unpaid carers and partners (including but not exclusively review at the IJB Joint Staff Forum, Unpaid Carers Workstream and Independent Care Sector Advisory Group) • the benefits listed including the National Health and Wellbeing Outcomes will be captured, in addition to service user feedback • the scope of the service, and referral pathways are clearly outlined • the service facilitates step up from the community • the service provides a Discharge to Recover then Assess function, so that no home care is prescribed from the Hospital system, but that instead this is determined after a period of recovery and reablement in the service user's home 						
Timeframes	To start by: With immediate effect To conclude by: 31 March 2022						
Links to relevant SBIJB report(s)	8 November 2017 IJB: Discharge to Assess 17 February 2021 IJB: Formative Evaluation of the Discharge Programme 21 September 2022 IJB: Development of a business case for a reablement approach across the Scottish Borders						
Budget / finances allocated to carry out the detail	<ul style="list-style-type: none"> • It is expected that the costs of the Home First service will reduce in line with the budget currently available. • In line with the integration of the service, it is expected that the budgets for Home First and SB Cares will be pooled. • As a transformation initiative, it is expected that the overall costs to deliver internal and commissioned home care services will reduce. As part of the business case, the expected financial costs and benefits must be outlined. 						
Outcomes / Performance Measures	All 9 National Health and Wellbeing Outcomes apply, and it is expected that these will be measured as part of service user feedback. In addition, the following performance measures will be captured:						

	<ul style="list-style-type: none"> • Percentage of people that have received Reablement that need no follow on support • Assessment of package required prior to Reablement vs the package required after Reablement (Care hours and costs) • Increase in functional ability pre and post Reablement (Recorded in Mosaic) • % of those that have been through the Reablement approach that no longer require a service up to 6 months post-Reablement (and follow up on a sample after 12 months – satisfaction and update on current situation, provider 6 month review info) • Perceived quality of life score pre and post Reablement (recorded in Mosaic) • Double handed care reductions to single handed care • Increase of use of Technology Enabled Care • Reduced locality waiting list • Reduced demand on START and Locality team assessments • Staff motivation and job satisfaction
<p>Date Direction will be reviewed</p>	<p>As the business case will be reviewed at the December IJB, the Direction will be formally reviewed by the Strategic Planning Group in advance of the IJB. The IJB Audit Committee will not review this direction.</p>