Social Care and Inclusion **Agenda**
Scrutiny and Performance Panel **Item No. 7**

17th September 2013

Intermediate Care at Home

Ward(s) All

Portfolios: Cllr B McCracken

Executive Summary:

Walsall Social Care and Inclusion have redesigned the intermediate care service in order to add capacity and prepare for future potential of integration with other intermediate care services across health and social care both bed based and in the community. The service has been re-designed to reflect the new operating model.

Reason for scrutiny:

Social Care and Inclusion have regularly updated Scrutiny with reference to changes in services. This paper is to give background and offer the opportunity to provide the panel with any further information.

Recommendations:

That:

Scrutiny and Performance Panel view this paper as a briefing note for update purposes.

Resource and legal considerations:

There has been a significant investment of £750k to add therapy staff and increase the amount of carers in the service.

Citizen impact:

The re-designed service will:-

- Speed up discharge from hospital
- Prevent re-admission
- Prevent admission to long stay or costly placements
- Improve the independence and wellbeing of customers

Environmental impact:

There will be no environmental impact

Performance management:

The service will ensure that Social Care and Inclusion hit the national indicator sets for the reduction of long term placements and helping to keep people at home and out of hospital longer.

Equality Implications:

An equality impact assessment has been carried out for the wider front-end re-design. There are no apparent equality implications for the service.

Consultation:

Social Care and Inclusions
Walsall Healthcare Trust

Contact Officer:

Peter Davis
☏. 01922 653800
davisp@walsall.gov.uk

1. Report

For the last 3 years, Walsall Council have run a reablement service and before that, and for many years, a traditional domiciliary care/home care service.

The reablement service, introduced in 2010, was designed to take people safely out of hospital with support and rehabilitation in order to make them as independent as possible in the long run.

The philosophy of reablement is “to do with” rather than “to do to”, i.e. the reablement worker with the help of an Occupational Therapist will encourage, through a support plan, the individual to become independent whilst making a cup of tea, or washing their hair. Traditional domiciliary/home care staff would have made the cup of tea, or washed the person’s hair; therefore lessening the person’s independence. This had an unfortunate effect of pulling people further into the care system when they may have only lost their independence temporarily through an infection or any other transient illness.

In 2010/2011 we made the necessary changes to the staffing team enforced by equal pay and pay and grading. Unfortunately because of the increased costs there was a net reduction in staff of around 45 workers. Subsequent budget round VR processes eventually reduced a staffing team of 75 to 67.

At this stage the service helped around 125 customers at anyone time and this was sustainable with the 67 staff members.

Over the last two winters we have experienced demand pressures in the health and social care economy, and therefore in house and commissioned services could not readily meet demand. Over the last two years, the demand for the community reablement service has doubled to about 250 customers at any one time.

For the first six months of 2013 Social Care and Inclusion have been working on a new operating model; a report detailing the business processes went to Cabinet on the 21st June.

The new operating model places reablement at the heart of hospital discharge and has looked at how social workers and therapists are used differently, or at different points in the model to re-enforce the rehabilitation of individuals. Social Care managers have been working with key managers from Walsall Manor to ensure the smooth flow out of the hospital supported by a reduction in unnecessary processes and administration. One area of challenge has been the number of social work led assessments undertaken and a risk of there being unnecessary over assessment. The new model expects there to be a period of reablement or intermediate care before a formal assessment is done; as the best place for an assessment is in a person’s own home; not in a hospital bed where patients are in crisis and experiencing all the effects of an unstable condition. As a result, more patients will “step-down” into the community intermediate care team quicker. In addition community “step-up” cases will be treated as crucial to prevent unavoidable admissions to acute care.

A £750k investment has been made in the service, in order to meet new demand. The investment has been used entirely on staffing, firstly, to put therapists at the heart the reablement service (4 OTs 2 OT assistants and 2 Physiotherapists) to improve the skills of the workforce and the outcomes for clients as well as 30 carers to add capacity to the front line team.

Before the investment the service costed approximately £1.9m and now will cost £2.6m.

In addition, Social Care and Inclusion spends £775K on bed based reablement in the form of intermediate care beds at Hollybank in addition there is an income of £378K from the CCG which puts the total cost at £1.153m. The new model offers better capacity to improve interaction between the community and bed based services. This partnership working will ensure a smooth flow out of the hospital, either into a temporary bed based package with an average length of stay of 2 weeks; or a community based package with an average length of stay of 6 weeks.

With the additional resources community intermediate care will bring in 50 new people into the service each week, as opposed to the 25 brought through on average in 2010/11/ As a result the reablement key-workers will have to move on (or exit) 50 people to ensure there is a smooth flow and that there is on-going capacity.

Hollybank has 21 beds and will be used to move patients from the Swift discharge ward where necessary into a reablement focused bed. During an average week, Hollybank will see turnover of at least half of its beds, sometimes more. This adds another 10 placements a week to the flow.

As well as the above performance indicators regarding flow, customers who have been through the reablement services will be monitored for a further 91 day as per the national indicator set, to ensure they are still at home after that point. It is anticipated that the monitoring via PARIS (client information system) will always continue after this point. Local management of information will also highlight where people, who have been through reablement/intermediate care, re-present at hospital. Each individual will also have their personal well-being and outcomes measured throughout their length of stay with us, followed up with a customer survey once a year.

To carry on the transition to a more efficient model, Social Care and Inclusion and Walsall Healthcare trust will be looking at further integration, based upon government guidelines and a request from the Department of Health for focused work around bringing community health services and community social care service together under the banner of intermediate care. The refocus of the council's intermediate care services will try out, or test joint initiatives regarding care in the community going forwards over the next 7 months up to April.