

Board Assurance Prompt – telecare supported re-ablement

Re-ablement: a cost-effective route to better outcomes

October 2011

What is this guide? Who is it for?

This briefing is targeted at Local Authority councillors with an interest in Adult Social Care, Local Authority Directors of Adult Social Services, NHS Clinical Commissioning Groups (CCGs), Members of Health and Wellbeing Boards (HWBs) and others involved in planning, commissioning and delivering re-ablement services. Its purpose is to encourage decision makers to understand the development of re-ablement as the primary service for helping people retain independent lives in their homes and in the community, and to debate specific proposals to improve service quality. It is also intended to identify the value of embedding the use of telecare in the delivery of re-ablement services, in terms of improved outcomes and use of resources.

We use the Board Assurance Prompt (BAP) format for this first version of this guide. This will be familiar in health but new to a Local Authority audience. Comments on both format and content are canvassed and should be sent to andrew.corbett-nolan@good-governance.org.uk

What is re-ablement?

Re-ablement has been defined as “a new, short-term intervention in English home care. It helps users to regain confidence and relearn self-care skills and aims to reduce needs for longer-term support.”¹ However, it is not new and its use not confined to England. It is an established means of supporting people to retain independence and enjoy safer lives.

Some Local Authorities, such as Leicestershire, have been delivering re-ablement services for as long as a decade. The 2009 “Use of Resources in Adult Social Care”² report also highlighted this success and re-ablement as an important service. Re-ablement as a cost-effective approach to delivering social care was taken up by the Department of Health Care Services Efficiency Delivery programme in 2009. They sponsored a major longitudinal evaluation³ of the benefits of re-ablement service which identified improved outcomes for service users and enhanced efficiency for councils in their use of resources. In 2011 the Social Care Institute for Excellence (SCIE) published their Briefing No 36⁴ which also emphasised that re-ablement is a cost effective route to better outcomes.

Re-ablement services offer personal care support over a short period of time (up to six weeks) to people either leaving hospital following illness/injury or being referred to social services by their GPs, carers

or relatives. In all re-ablement services, the aim is to speed recovery, facilitate the re-learning of essential day-to-day personal care skills and re-build self-confidence in one’s ability to look after oneself. This prevents or delays the need for more intensive, longer-term domiciliary care packages, or for admission to a care home.

Most, if not all, Local Authorities in England and Wales are now developing re-ablement services. Better practice implementation should be:

- **Scaled and timely** – with capacity and capability to take on as many service users who are referred for re-ablement on any given day, with either minimal (e.g., one day) or no waiting time
- **Mainstreamed** – re-ablement must be operationally integrated with contact and referral processes. For service users requiring ongoing support there should be assessment and support planning processes in place for when they finish the formal re-ablement programme
- **Optimised** – services need to be staffed by trained re-ableers with occupational therapist support; equipped with telecare and other community equipment and performance managed to maximise the number of service users that are fully re-abled. The aim should be to return service users to an independent life with no further support from the Local Authority
- **Integrated** – community and acute healthcare services should be working together to ensure a natural evolutionary path for re-ablement services. Additional Government funding is being made available, via PCT Clusters, in both 2011/12 and 2012/13.

The development of re-ablement in health and social care is inherently challenging. It is genuinely outcome-focused. It entails the introduction of complex operational processes that need to work efficiently and seamlessly with other care and support services. It is critical to change the organisational culture, and indeed mindset, of health and social care practitioners to recognise that, given appropriate support at the right time, people will regain some or all of their ability to live independently without the need for ongoing dependence on care services. A poorly implemented re-ablement service will not deliver many benefits to service users or be resource-effective.

¹ Glendinning C et al, *Home care re-ablement: investigating the longer-term impacts* University of York 2010.

² Use of Resources in Adult Social Care, Department of Health 2009.

³ Glendinning et al, *ibid*.

⁴ A cost-effective route to better outcomes, Social Care Institute for Excellence (SCIE) 2011.

The rest of this guide

Overleaf is a series of assurance questions that decision makers and practitioners in re-ablement services might ask to ensure that the local service development is progressing in the right direction, and is focused on maximising the independent living outcomes of service users at an affordable cost. These assurance questions are

examples only and are intended to provoke thought in those holding re-ablement service managers and commissioners to account. We also provide our view about what adequate and thoughtful answers to these questions might look like, and what unsatisfactory answers might be.

What is telecare?

Telecare can play an important part in the re-ablement process, contributing to assessment, managing risk and offering low cost, ongoing support throughout and beyond the re-ablement period. Telecare provides a means of unobtrusively monitoring a person's environment 24 hours a day, 365 days a year. Wireless sensors placed around the home raise the alarm if they detect a possible problem such as a fall, fire or flood by communicating with a central Lifeline home hub. This automatically creates an alert at a monitoring centre, where trained operators can then arrange an appropriate response.

Motion sensors, particularly for people with dementia and learning disabilities can monitor individuals' daily living patterns and subsequently detect and alert if any problems arise.

Telecare has been proven to:

- Improve confidence and support independence
- Prevent unnecessary admissions to care homes
- Speed hospital discharge and reduce the number of re-admissions
- Save lives
- Save money
- Inspire confidence in relatives and carers.

What is telehealth?

Telehealth helps to support people with long-term conditions by monitoring a patient's vital signs from a distance, with the reassurance that if their readings exceed predefined parameters an alert will be raised.

Telehealth empowers patients to understand their condition and the effects their behaviour has on their health, enabling them to feel more in control. In doing so, it provides confidence to patients and their carers as well as reducing anxiety.

Telehealth has been shown to:

- Enable early intervention and preventative care, thereby reducing the rate of unplanned hospital admissions

- Make efficient use of clinicians' time, allowing them to identify which patients are managing well and which need more support
- Reduce visits to GP surgeries and A&E for patients using the service, for both routine visits and unplanned episodes of care.

To achieve the effective use of telecare in re-ablement, service managers and commissioners need to ensure the following:

- The re-ablement delivery model should provide for telecare assessments to be made for every service user at the start of the re-ablement period, unless the service user specifically requests otherwise
- Local telecare supply channels must be fit for purpose and able to deliver the personalised telecare package required in time for it to be useful
- Comprehensive telecare training should be provided for all front line re-ablement staff
- Clear and simple post re-ablement procedures should be in place to encourage, if appropriate, the continued use of the telecare services after the re-ablement period has ended and full or partial independence achieved
- Sufficient capacity in the re-ablement service to accommodate all referrals, with minimal waiting time, all year round. This is particularly important for referrals from hospitals
- Systematic monitoring of progress made by individual service re-ablement users, coupled with the ability to create and use appropriate management information on re-ablement outcomes to guide both operational and strategic management.

Continuous monitoring of the input and process costs of re-ablement delivery, together with the ability to create and use appropriate information, ensures that the costs of the service are in the right proportion to the savings achieved. It is important to understand the avoided cost of ongoing domiciliary care and other services.

	Example assurance question	Plausible answer	Insufficient answer
1	Does the delivery model provide for proper telecare assessments at the start of the re-ablement period?	The potential use of telecare is included in the initial re-ablement assessment of individual service users. Staff making the assessments are either trained in the use of telecare or have rapid access to staff with such training to contribute to the overall re-ablement assessment.	Telecare assessments are carried out by a small team of trained staff. However, they are too busy to participate in new services, such as re-ablement.
2	Do our telecare supply channels deliver the personalised package required and in time for it to be used effectively re-abling the service user?	We know that staff and service users need to have rapid access to appropriate telecare services if they are to maximise the beneficial outcomes of a period of re-ablement. Consequently, we have reviewed and improved our supply arrangements, so that what's needed can be sourced at the start of the re-ablement period.	Telecare services can only be provided for people assessed as being eligible for the community alarm monitoring service. Although re-ablement staff are able to order required items of telecare, the ordering process takes so long that the service is often delivered after the re-ablement period has ended.
3	Is comprehensive telecare training provided for all front line re-ablement staff?	Both initial and refresher training in the use of telecare is given to all re-ablement staff. Staff also have access to on-line information on telecare, so that they can keep up to date with technological developments.	We believe that telecare is too complex and detailed a subject in which to train all staff, so we limit this to a few specialists, who then provide input if required, and if they have the time, to all adult social care services.
4	Are clear and simple post re-ablement procedures in place?	Yes, the cost of any telecare that is used in re-abling a service user is factored into the cost benefit assessment for that person, both in the short and longer term.	We only loan the telecare to the service user for the period they are being re-abled. If they want to use it subsequently, this will require a full assessment of needs and resources.
5	Is the re-ablement service available to all service users that would benefit from it?	We recognise that the economics of re-ablement is about scale, in both capacity and performance terms, so we are rolling out the service in order to maximise the potential benefits to service users and for cost efficiencies. Re-ablement is a mandatory offer to all referrals (with few exceptions, such as people requiring end-of-life support) because we need to ensure that everyone has the opportunity to regain their maximum potential to live independently, before being assessed for ongoing social care services.	The re-ablement service is currently being provided in a single locality, with a small team of re-ableers. Although this means that people in other areas will not be able to participate in re-ablement until the service is rolled-out across the council area, we do offer a full needs assessment to all such people, followed by a care package, if they are eligible.
6	Are re-ablement practitioners and service managers able to monitor systematically the progress made by individual service users in re-ablement?	We know that what you don't measure, you are not able to manage. So we are working on developing appropriate processes and systems for day-to-day management of re-ablement for individual service users. This will, as a by-product, provide the management information we need to monitor the achievement of outcomes, and the costs of the service.	We're not prepared to spend on expensive systems for a new service until it is proven to be saving money. Our re-ablement teams are using data from existing computer systems, coupled with paper-based data collection.

Key facts about telecare and telehealth

A survey of 200 patients currently using telehealth in North Yorkshire and York shows that 96% of them would recommend the technology to others, with **98% being either 'satisfied' or 'highly satisfied'** with how it's helping them to manage their long-term health condition.

In Essex, their large-scale, county-wide telecare service showed that **for every £1 spent on telecare, £3.82 was saved** in traditional care costs.

NHS Halton & St Helens Community Health Services working in conjunction with Sefton Careline, **achieved a 87% reduction in emergency hospital admissions and reduced the cost of admissions by over 94%**. This was achieved by including telehealth within its care pathways for people with long-term conditions.*

* 26 patients baselined over a 12 month period.

Worcestershire County Council is using Assistive Technology to support re-ablement/ Intermediate Care services across health and social care which is now to include Community Hospitals. The Council is keen to embed evaluation into this so **it can evidence indications in reduction in packages of care, delaying long-term care and reducing hospital admissions if there is a telecare package** supporting the person at home.

Results from Cornwall's Whole System Demonstrator site, the largest clinical trial of telecare and telehealth in the UK, are expected to show that telehealth post-discharge support has resulted in **timely hospital discharge/prevented readmission**, as well as improving patients' confidence and aiding a speedier recovery.

Sheffield City Council's Care4you, which includes the city's telecare service, recently attained the **Guardian Public Service Transformation Award** for Innovation and Progress for its reablement service, of which telecare is an integral part.

Implementing re-ablement and telehealthcare services: a maturity matrix to support development and improvement

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To use the matrix: identify with a circle the level you believe your organisation has reached and then draw an arrow to the right to the level you intend to reach in the next 12 months.



Progress levels 	0	1	2	3	4	5
Key elements 	No	Basic level Principle accepted and commitment to action	Early progress Early progress in development	Results Initial achievements evident	Maturity Comprehensive assurance in place	Exemplar Others learning from our consistent achievements
Implementing re-ablement		We have researched the development of re-ablement and are developing a strategy that will incorporate the learning of others.	We are examining live re-ablement programmes, to prove the concept, and understand the roll-out implications. We are actively planning how to introduce re-ablement successfully.	The re-ablement service roll-out has been started. It caters for both hospital and community service referrals. Re-ablement will be a key stage in the care pathway for all referrals.	We are achieving all our objectives for re-ablement. 50% or more people need no further support. We have improved capacity for referrals.	Others are learning from our re-ablement experience. We are now extending to specialist re-ablement services for people with dementia, and are working with external domiciliary and residential care providers to embed the concepts and practice of re-ablement in their services.
Using Telecare in re-ablement		We accept that the use of Telecare in re-ablement can further improve service user outcomes, and further reduce the need for ongoing services. We intend to test the concept in a pilot.	We are running a pilot project for Telecare in re-ablement in one locality, to prove the concept, and understand the roll-out implications should the pilot achieve its evaluation criteria.	Following a successful pilot project, we are rolling out the use of Telecare in our re-ablement services across the council. All re-ablement staff are receiving training in the use of Telecare and specialists are being deployed for mentoring and training.	The use of Telecare in re-ablement is yielding quantifiable improvements in service user outcomes. We have evidence that the additional cost of deploying Telecare is more than offset by the additional cost avoidance savings in domiciliary and institutional care.	Following the achievement of a mature and consistently high-performing re-ablement service, we host frequent visits from other councils who want to learn from our experience. We are regarded locally as a leader in Telecare innovation. Local Intermediate Care and Community Healthcare providers are now using Telecare technologies and are working with us to develop integrated solutions.
Re-ablement and healthcare		In partnership with commissioners we have agreed a joint strategy to deploy funding to integrate our re-ablement services with local community healthcare, intermediate care and acute care services.	We are implementing re-ablement as a pilot project to integrate our re-ablement services for patients leaving hospital with local Intermediate Care services, and with planned Crisis Response services.	We have achieved quantifiable reductions in admission and re-admissions to hospital through re-ablement. A plan for the roll-out of integrated re-ablement and healthcare services for all patients who will benefit is now being developed.	Integrated re-ablement, Intermediate Care, Community Healthcare, and Crisis Response services are now established and mature. The positive effects of integration are being evidenced in reduced admissions and re-admissions to hospitals.	Following the achievement of a mature and consistently high-performing integrated re-ablement service, we have been able to introduce other joint services locally between health and social care. Our re-ablement outcomes are in the upper quartile nationally.
Regulation and assurance		Our plans for re-ablement and the use of Telecare have passed successfully through our local governance systems, including safeguarding and information security.	We have engaged the local Health and Wellbeing Board in our discussions around re-ablement developments.	The performance of our re-ablement services is part of our ongoing quality improvement programme. We systematically monitor and follow-up on any service user complaints, compliments, incidents and near-misses.	Internal Audit has reviewed our re-ablement service.	Our re-ablement service participates in peer review and benchmarking comparisons with those in other areas. We are confident that we are a leading participant in the ongoing national development of re-ablement services.