

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board		
Held on	24 November 2021		
Agenda Item:	9		
Title:	Update on the Progress of Reablement Service Redesign		
Summary:			
<p>The purpose of this report is to update the Board on the progress of the redesign and improvement work being undertaken by the South Ayrshire Reablement Service.</p>			
Author:	Eddie Gilmartin, Service Manager Intermediate Care & Reablement		
Recommendations:			
<p>It is recommended that the Integration Joint Board</p> <p>i. Note the progress being made in relation to the redesign and investment in the Reablement Service.</p>			
Route to meeting:			
Update item requested at previous IJB meetings.			
Directions:		Implications:	
1. No Directions Required	<input checked="" type="checkbox"/>	Financial	<input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran	<input type="checkbox"/>	HR	<input type="checkbox"/>
3. Directions to South Ayrshire Council	<input type="checkbox"/>	Legal	<input type="checkbox"/>
4. Directions to both SAC & NHS	<input type="checkbox"/>	Equalities	<input type="checkbox"/>
		Sustainability	<input type="checkbox"/>
		Policy	<input type="checkbox"/>
		ICT	<input type="checkbox"/>

Update on the Progress of Reablement Service Redesign

1. PURPOSE OF REPORT

The purpose of this report is to update the Board on the progress of the redesign and improvement work being undertaken by the South Ayrshire Reablement Service.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board:

- i. Note the progress being made in relation to the redesign and investment in the Reablement Service.

3. BACKGROUND INFORMATION

3.1 A service review of the Care at Home service which included Care at Home, Reablement and Telecare, highlighted the need for a more efficient and effective Reablement pathway with a structure to support this.

3.2 Vision

3.2.1 To create a sector leading integrated Reablement Service which provides appropriate person-centred support by promoting service user recovery, independence and wellbeing through the principles of self-care and the use of timely and outcome focused intensive interventions.

3.3 Objectives

3.3.1 Seek to change the future scale, role, objectives and scope of Reablement within South Ayrshire Health and Social Care Partnership with the goal of 95% of people passing through the service from hospitals and the community.

3.3.2 Instil a reablement ethos across all services, whilst establishing an in-reach function to reduce acute and community hospital pressure and support a Home First/Discharge to Assess model. Reduce delays to 0 by March 2022.

3.3.3 Increase the provision of Reablement within South Ayrshire with associated increased capacity by implementing a phased approach to the recruitment of staff.

3.3.4 15-40% of people will not require further care or support if we maximise staff knowledge, capacity and confidence to enable people to live independently at home. By learning or relearning skills necessary for daily living, whilst accommodating illness, injury or trauma, people will be reconnected with individually valued social and community experiences.

3.3.5 Reduce admissions to hospital through the timely provision of assessment and person-centred preventative input to achieve personal outcomes

3.3.6 Work effectively with Stakeholders across the HSCP and beyond to ensure the efficient and timely transfer of information and that people receive the right care in the right place at the right time.

4. REPORT

4.1 Critical Success Factors

4.1.1 The following milestones will be crucial in achieving the overall objective and include the recruitment of an experienced Professional Lead, adequate resources to complete the various phases of the project in the agreed timescales, effective management of the culture shift to 'doing with' rather than 'doing to' and development of a Reablement ethos across the Health & Social Care system, adequate and appropriate staff training and support to implement, maintain and manage the new way of working.

4.2 Milestones

October 2020	Professional Lead starts
November 2020	Investment funding agreed by IJB for 28 FTE staff, 1 x FTE Supervisor
November 2020	First Reablement/CAH Programme Board meeting
November 2020	Implementation of Care First & start of training for CM2000
December 2020	Move to locality working (North & South) to increase efficiency within the service and overall service quality
January 2021	Recruitment process started for Home carers
January 2021	Mobile Attendant Test of Change (MA TOC) starts
February 2021	60 interviews
February 2021	Recruitment of 4 x Occupational Therapy Assistants
March 2021	To date 48 (not FTE, includes current staff moving to permanent posts) staff have been recruited using the new resource uplift and to fill vacancies. 24 of these have completed induction training. Over the following three weeks a further five new starts had completed induction training
April 2021	second phase of recruitment
June 2021	19 new staff recruited
June 2021	Extension agreed at ELT to extend MA TOC for a further six months
August 2021	11 vacancies being advertised (bring total of 105 staff to the service)

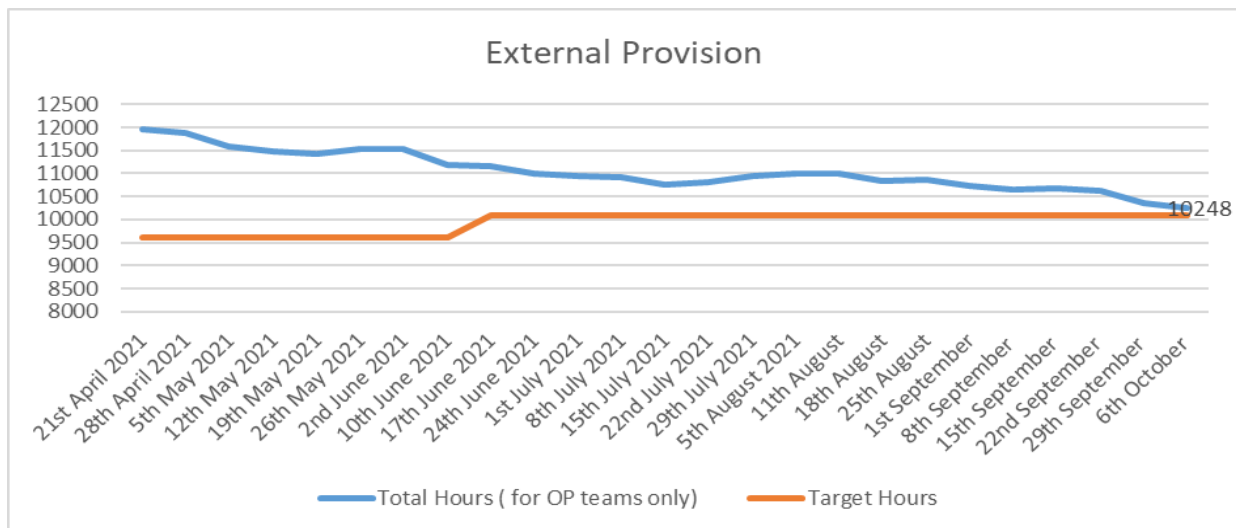
4.3 Operations

- Reablement staff returned to the hospital to conduct Package of Care initial assessments
- Occupational Therapy Assistants – conducting functional assessments within 72 hours of a person returning home from hospital
- Reablement ethos education being provided on induction to new staff and existing staff in a stepped approach

4.4 Outcomes related to objectives

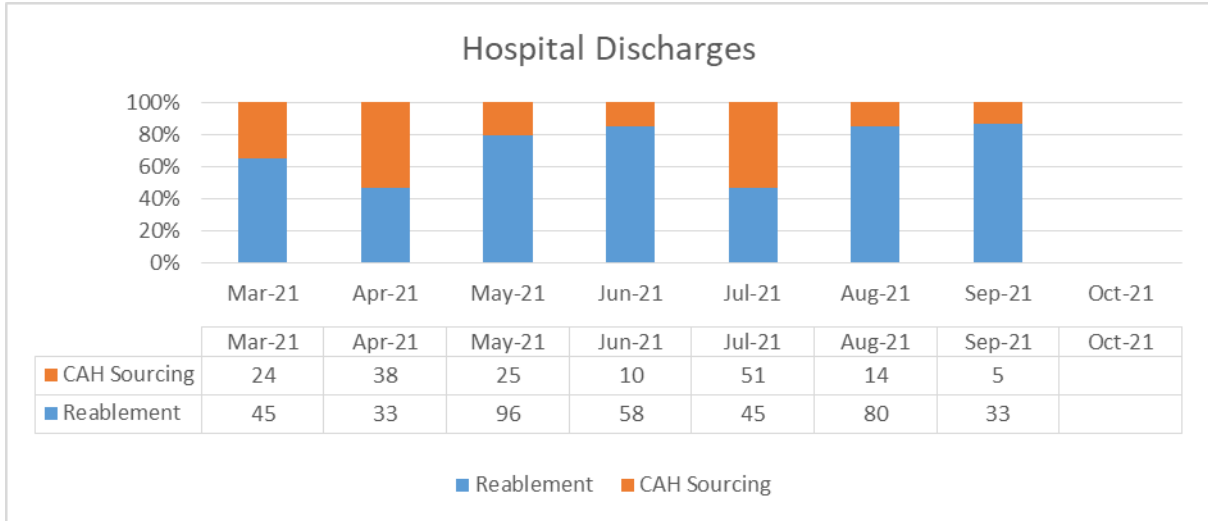
Aim	Progress	Next steps	Anticipated progress
95% of those requiring care from hospital come through reablement	85% currently coming through. 70% vacancies filled.	Complete recruitment – final x posts advertised x date. Demand v capacity analysis.	Progress across all areas is hampered by the current operational commitments and staffing crisis across the sector
Reduce CAH hours	10.6% Reduction in external CAH provision since April 2021 – accredited to Reablement	Establish mainstream Palliative Care team	
95% of those requiring care from community come through reablement	Predominantly palliative care from community due to focus on hospital discharges	Establish mainstream Palliative Care team	95% by December 2021
Reduce delays to 0 by March 2022	Multifactorial and systemic reasons for the lack of progress in achieving this aim	Establish mainstream Palliative Care team	
40% fully reabled	Average over 7 months = 37% fully reabled	Staff training Strengthen links with EICT/CRT	
Increase the provision of deliverable care hours by Reablement	85.5 of 106 Home carer posts filled	Complete recruitment, induction and training	

4.4.1 Reduce CAH hours

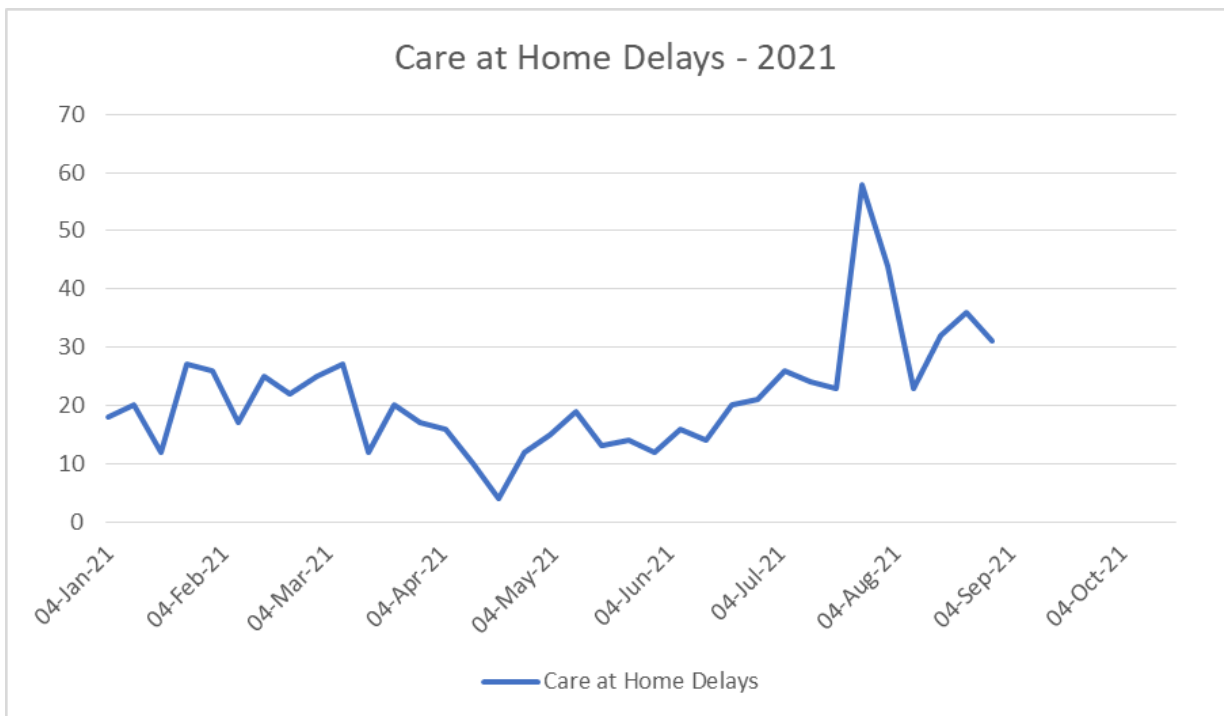


Since 4th January 2021 the variance of in house service provision ranges from 2600hrs per week to 2914 hrs per week (10% variance) and averages 2763hrs per week. Since April 2021 there has been a reduction of the external provision from 11960 to 10688 on 15/9/21 which is a reduction of 10.6%. This is largely down to the impact of Reablement preventing new packages of care being required.

4.4.2. Goal of 95% of people passing through the service from hospitals and the community (3.3.1)



4.4.3 Reduce delays to 0 by March 2022 (3.3.2) – Delays reduced to below 5 for first time in six years in April. Increase from May related to Covid impacting on capacity across the system



4.4.4. Increase the provision of Reablement (3.3.3.)

4.4.4.1 Of 106 home carer established posts there are 19.5 vacancies. 8.5 Permanent and 11 temporary vacancies.

4.4.4.2 2 recruits from the last recruitment process are waiting on PVG/ reference check and 1 starts on 27 October.

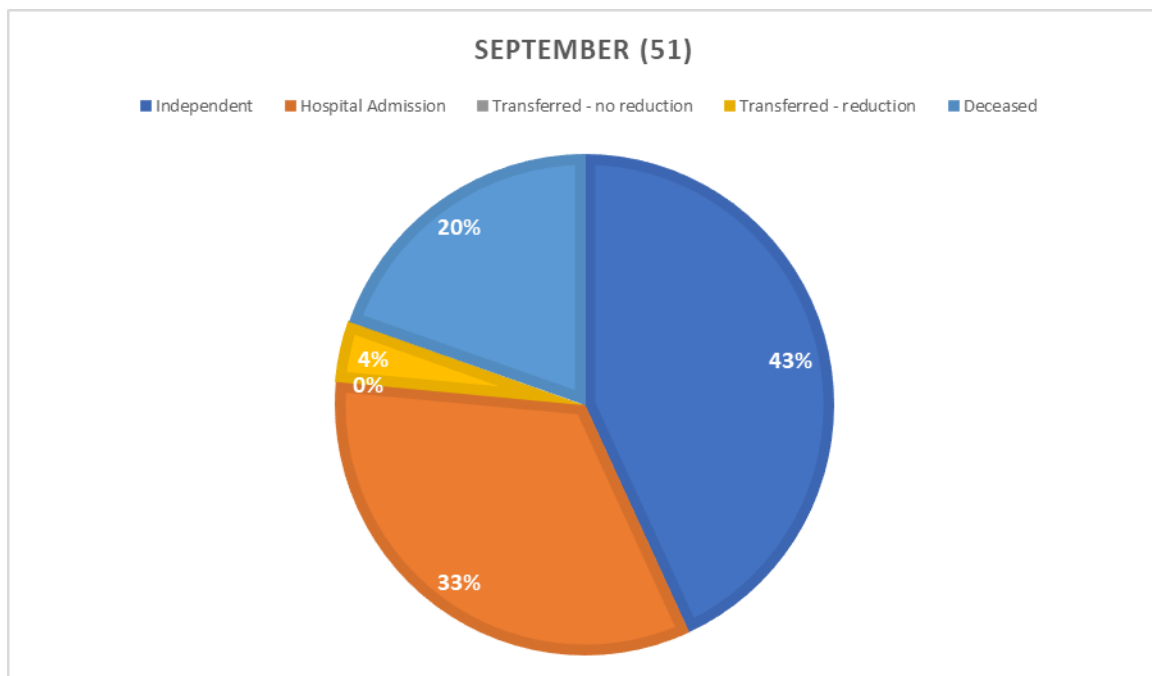
4.4.4.3 There are currently 85.5 home carers in post with 1 starting 27 October and 3 due to start dependant on the notice period required.

4.4.4.4 The following is a breakdown of the 8.5 permanent vacancies:

- x 21 hour dayshift
- 0.5 x 21 hour late shift
- x 16 hour weekend

Any posts were not filled after the last advert have been re-advertised.

4.4.5 15-40% of people will not require further care or support (3.3.4.)



There seems to be a high number of admissions to hospital while supported by the service. This number has increased monthly since May 2021. Reasons are being explored as this detail has not previously been captured. The high percentage of 'deceased' relates to the Palliative Care/End of Life role currently being provided through Reablement.

4.4.6 Although the above graphs and information indicate the improvements in Reablement provision, there are a number of factors which have caused us to pause the Redesign and this has reduced the impact of the changes to the service.

4.4.7 These factors include:

4.4.7.1 Reduction in the ability to transfer people to mainstream home care due to the Covid and staffing issues being experienced within the external provision. This then affects flow from the hospital which in turn compounds the problem of deconditioning of patients in hospital. This accounts for **30%** of Reablement service users.

4.4.7.2 The number of Palliative/End of Life patients requires a high tariff care approach and this currently accounts for **20%** of Reablement service users.

4.4.7.3 The current situation relating to the lack of home care capacity in the system has led to the need to form a separate team to conduct Assessment & Reviews of our external provider rotas to see where we can identify capacity by reducing or providing an alternative to care. This work is being led by the Professional Lead Reablement which has resulted in some of the work around Reablement redesign of pathways and other improvements to be paused at this time.

4.4.7.4 Work is progressing with OT's at Ayr Hospital, Biggart Hospital and the Community Rehab Team to develop information sharing practices to improve the outcome focused working within the first few days of someone leaving hospital. This work will be reported to Pathways and Processes group once established.

4.5 Next Steps

4.5.1 Establishing working groups for:

- SDS
- Pathways and Partners
- Quality Assurance
- Assessment, documentation and systems
- Develop a joint CAH/Reablement proposal for Out of Hours cover

5. STRATEGIC CONTEXT

5.1 SA Integration Joint Board Strategic Plan - The planning period ahead will see a continuing drive for transformational change in services and in the way that support is provided, with greater emphasis on care at home and support in the community, rather than within a hospital setting based on the Scottish Government's 2020 Vision for Healthcare in Scotland

5.2 Public Bodies (Joint Working) (Scotland) Act 2014 - The Public Bodies (Joint Working) Act 2014 sets out the legislative framework for integrating health and social care. It creates a number of new public organisations, known as integration authorities and aims to break down the barriers to joint working between NHS boards and local authorities.

5.3 Caring for Ayrshire – The Caring for Ayrshire Transformational Change Programme is led by Ayrshire and Arran NHS Board and the three Ayrshire Integration Joint Boards. This programme of work will see dramatic change and improvements over the next few years in the way health and care services are delivered across Ayrshire.

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 There are no financial implications arising from this report.

6.2 Human Resource Implications

6.2.1 There are no Human Resources issues arising from this report.

6.3 Legal Implications

6.3.1 There are no legal issues arising from this report.

6.4 Equalities implications

6.4.1 There are no equality implications arising from this report.

6.5 Sustainability implications

6.5.1 There are no environmental sustainability implications arising from the contents and recommendations of the report.

6.6 Clinical/professional assessment

6.6.1 Below is the list of staff who are new to their roles. The impact of having new staff has resulted in a requirement for increased levels of support, training and supervision to learn their roles, systems and understanding of team objectives.

- Professional Lead – October 2020
- Senior Supervisor – January 2021
- 2x Supervisors – January and February 2021.
- 4x Occupational Therapy Assistants – January and February 2021.
- Of the 9x Assistant Supervisors, 5x are new to post.
- At the start of the pandemic there were 35 home carers in post, the current number is 85.5.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 Multiple Stakeholders from within and external to the HSCP are involved in the Reablement Redesign/CAH Review Programme and Project Boards.

8. RISK ASSESSMENT

8.1 The main risk to the success of the service is if a Reablement ethos and approach are not adopted across the whole H&SC system; from Acute hospitals to mainstream internal and external care providers.

REPORT AUTHOR AND PERSON TO CONTACT

Name: Eddie Gilmartin

Phone number: 07833095237

Email address: Eddie.Gilmartin@aapct.scot.nhs.uk

BACKGROUND PAPERS

04 August 2021