NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

8 September 2011

Update on Implementation of Reablement Services in North Yorkshire

Report of the Corporate Director Health and Adult Services

1.0 Purpose of report

1.1 This report provides an update to the committee on the implementation of START reablement in North Yorkshire and provides an evaluation of the outcomes to date.

2.0 Background

2.1 The first phase of the implementation has now been completed in Selby, Harrogate / Craven and Scarborough / Whitby / Ryedale, with Hambleton / Richmondshire due to go live on 20 June 2011.

3.0 Workforce Development

3.1 275 people have now completed the START training .The START training package has continued to be informed and shaped by feedback from staff focus groups, which take place approximately 8 weeks after go-live.

3.2 It has been agreed that all START staff will complete the Social Care Institute for Excellence dementia e-learning package within 6 months of their initial training, which should give a deeper understanding of the needs of people with dementia. The focus groups have highlighted the need for further work on practical ways of supporting people with dementia, falls prevention, carers, and sensory impairment. A programme of START learning sets for implementation leads is proving useful, ensuring that learning from each phase of the implementation is shared and acted upon.

4.0 Performance

4.1 Comparison of START Outcomes with Baseline Data

The baseline data was gathered by all localities for a three month period and the performance of START teams is compared with PCAH performance pre-START. 1,195 START assessments have been completed. Of these, 628 have had a final START review and either receive no ongoing personal care support, or have been passed to locality teams to have their ongoing support needs met.

A validation exercise has taken place and the accuracy of the START data has been confirmed. The START service is currently achieving a 33.6% reduction in hours compared to the baseline group .This compares favourably with other Local Authorities which operate similar intake systems and is an increase of 10.6% on the performance in the initial evaluation.

Homecare Package at 6 Week Review					
Personal Care Service required post START	**Baseline Group – 592 People** (June 2010 to September 2010)	**START Group**			
		All 628 People	HC 358 People	Selby 211 People	SWR 59 People
Percentage resulting in Non-completion of the START service eg. Admitted to hospital, deceased etc	24.8%	23.9%	22.3%	27.5%	20.3%
NIL	16.6%	55.9%	59.5%	47.9%	62.7%
Decreased	10.5%	10.8%	10.1%	13.3%	6.8%
No change	40.2%	4.5%	4.7%	3.8%	5.1%
Increased	7.9%	4.9%	3.4%	7.5%	5.1%
TOTAL	100%	100%	100%	100%	100%
Overall percentage reduction in hours (Excluding Non-completion of service)	37.2%	70.8%	75.5%	63.6%	70.2%

Comparison of Average Weekly Number of Hours Delivered								
Baseline Group			**START Group**					
Average Hours at Beginning of Service	Average Hours at end of service	Average reduction of hours	Average Hours at beginning of Service		Average Hours at end of service		Average reduction of hours	
6.6	4.0	2.6	Dec 2010	May 2011	Dec 2010	May 2011	Dec 2010	May 2011
			6.5	6.7	2.6	2.0	3.9	4.7

4.2 Financial Implications

There is considerable underspend on the predicted costs of service transformation, with the bulk of the variance (£2.5 million) against the estimated costs for the reprovision of care packages needed to create capacity for START. **(Appendix 1)** The initial modelling did not factor in reductions in package size on reprovision, and it is clear from the data on the outcomes of PIP reviews that the tight reviewing protocol has resulted in considerable reductions in packages which were reprovided. There may be increased reprovision costs in the next phases of roll-out, as the phasing was designed to deal first with those areas with the most robust independent sector provision.

There has been no draw down against predicted loss of income (£246K), which was included on the assumption that reablement would be used as part of some intermediate care packages.

4.3 PIP Review Performance

In order to create capacity for the START service additional reviewing resource has been deployed, funded from the PIP bid. Staff are working to a reviewing protocol which stresses that telecare and universal services should be considered before any other service is offered.

Outcome of PIP Reviews to 30/4/2011

	Number of Reviews	Increase of Packages	Decreased Packages	Static Packages	Net Weekly Saving
Selby	122	1	57	64	£432
Harrogate/Craven	289	42	146	101	£6,436
Scarborough/Whitby/Ryedale	407	34	198	118	£15,477
Hambleton/Richmondshire	129	11	19	99	£726
Total	890	88	420	382	£23,071

4.4 START Assessments Leading To Telecare

The use of telecare as a service response is a key expectation of START. Increased uptake of telecare is therefore a Key Performance Indicator. The current overall percentage of people receiving telecare is 16.7%, compared to an average of 24% for START assessments. The improved START telecare performance has been a key driver for the overall improvement in telecare performance.

START Assessments Leading to Telecare

	START Assessments	Additional Telecare Provided by START		Total Telecare Post START	
Selby	386	72	19%	149	39%
Harrogate/Craven	619	62	10%	115	19%
Scarb/Whitby/Ryedale	172	15	9%	18	10%
Total	1177	149	11%	282	24%

START telecare figures in the Selby area are significantly higher than elsewhere. It is felt by operational staff that the fact that in this area there is no charge for lifelines for the first 6 weeks leads to greater uptake, with few people opting to lose the lifeline when charging comes into play. It would be beneficial if this approach were taken across the county, giving a consistent initial offer, which would be consistent with the likely shift to nil charge for reablement when Health monies come into play.

4.5 Quality of Service

4.5.1 Quality Ratings

As part of the START review, people are asked about the quality of the service they have received. The initial evaluation of Selby and Harrogate indicated that 98.6% rated the overall service received as good or excellent. A sample of Scarborough reviews has yielded similar results.

Examples of comments from recipients of the Scarborough service include:-
"The START service provided me with the confidence I needed and gave my family peace of mind that I could cope."
"I was soon able to prepare and cook my own meals with the help of START, it took longer for me to have the confidence to shower myself again"
"It has helped me to regain my confidence and independence"

4.5.2 Complaints and Compliments

C&C ref	Receipt date	Area	Nature/subject
A10-0850	1.2.11.	Sherburn	**Compliment**
A10-0849	14.12.11.	Sherburn	**Compliment**
A10-0847	1.2.11.	Selby	**Compliment**

A10-0875	24.1.11.	Harrogate W	**Compliment**
A10-0904	1.3.11.	H & PSI West	**Compliment**
A10-0887	21.1.11.	Harrogate N	**Compliment**
A10-0766	24.2.11.	Craven S	**Concern:** changes of carer & call times.
A10-0815	9.3.11.	Harrogate N	**Concern:** not informed by Start directly that service stopping.
A10-0780	2.3.11.	Sherburn	**Concern:** issues re timing of calls and number of carers sent.
A10-1024	12.4.11	Ripon	**Complaint:** Unhappy that mother has to go through START process when needs are long term – care dictated by process rather than person's needs.
A10-0927	29.3.11.	Ripon	**Complaint:** Quality of care and monitoring. Poor monitoring of medication and general condition; unhygienic practice; poor food prep; changes to schedule.
A10-0882	18.3.11.	Ripon	**Complaint:** unhappy with length of time assessment taking, quality of work and charges

4.5.3 Impact of START on Recipients of Service

At the beginning and end of the intervention the reviewing worker records a score against relevant outcome dimensions. These scores indicate how well the person is able to manage. It is therefore possible to record any improvement or deterioration during the course of the START intervention. The December evaluation noted the surprisingly low percentage of people making progress in one or more outcome area and there has been a further deterioration in the recording of progress which is at odds with the continuing improvements demonstrated in the comparison of START outcomes with baseline data. New guidance on this was issued in April, which should support staff to record more effectively.

Total number of people to receive Start Service with outcomes recorded		Number of people to have made progress in one or more outcome area		Percentage of people who have made progress in one or more outcome area.	
Dec 2010 87	May 2011 235	Dec 2010 44	May 2011 89	Dec 2010 50.6%	May 2011 34%

4.5.4 <u>Examples of the Impact of START</u>

The two detailed case studies (Appendix 2) demonstrate the impact START has had on people, their carers and potential service costs. These personal stories lie

behind the figures reported in the comparison of START outcomes with baseline data.

5. Key Operating Issues.

5.1 AIS

Feedback from the Selby area indicates that with experience, the inputting task has less impact on capacity, although it continues to be a major issue for each area in the initial few months of the service going live.

5.2 Interface with Locality/Specialist Teams

The START process relies on good interfaces with locality and specialist teams. Where START and locality teams are co-located, close working across teams works well from go-live. More facilitation of cross-communication is needed when teams are not co-located. The learning from early implementers has been used effectively, with Scarborough and Hambleton/Richmondshire Registered Managers undertaking significant preparation work with locality and specialist teams prior to go-live.

Of the 1,195 START assessments completed to date, 5 are recorded on AIS with Learning Disability as Primary Client Type, 13 with Dementia, and 13 with Mental Health.

One LD intervention was used as part of an assessment of a person's parenting skills working alongside LD staff, fed into a decision to take care proceedings. Another followed a long stay in hospital and resulted in the person regaining independence.

In Selby a person receiving 20 hours support per week from Wilf Ward Family Trust went into hospital for surgery. On discharge, START involvement resulted in significant telecare installation and a reduction of support hours to 12 per week.

5.3 Discharge and Onward Referral

Systems and processes have been streamlined to facilitate efficient discharge and onward referral. However, there are still occasions when there is insufficient START capacity resulting in people going straight into long term support in the independent sector.

5.4 START Capacity

5.4.1 Management

START management capacity continues to be adversely affected by the lack of a rostering system. This has been mitigated by additional admin support funded from PIP monies.

As the roll-out has continued, role strain for staff who manage other service elements, (extra care, long term provision, night service) alongside START provision has been an issue.

A Social Care Co-ordinator is linked with each START team, augmenting assessment capacity.

5.4.2 Senior START

The staffing ratio for START workers to seniors (14:1) was based on the total number of Personal Care at Home workers, including those in extra care. During the initial phase of the roll-out a new extra care scheme has come on stream, with one more due in August 2011. This skews the ratio, leaving some teams with insufficient Senior capacity.

5.4.3 START Workers

A number of START teams have already reached their optimum size, but are not always able to take on all appropriate support packages. In order to explore potential reasons for capacity issues a mini HH1 exercise was undertaken in order to examine the efficiency of teams in terms of the conversion rate of actual hours to delivered hours.

The original service modelling made the assumption, based on previous work by in-house services, that delivered hours would be 68% of actual hours. However, the average rate is only 29.2%, with a range of 50.2% to 13.9%, **(Appendix 3)** indicating that more work is needed to maximise the efficient use of staff time. There were issues re: sickness and annual leave in some teams at the time of the snapshot which have affected the number of delivered hours.

As with all NYCC areas of work, travel time is an issue for START, particularly in rural areas, and a change in work patterns has been reported, with more people being visited for shorter durations of time as they move through their START intervention, resulting in more travel time. Another shift in working practice which affects capacity is the expectation that staff feed back regularly to seniors about progress, which potentially involves 12 staff hours per week per team.

This is also an issue for reablement services in other areas, with a recent study of 5 reablement services quoting contact ratios of between 45% and 61%, and referring to other services with ratios as low as 30%.

START down time is currently being used in various ways, including in extra care schemes, and for staff training and development

5.5 Universal Services

Each area now has a directory of local universal services, which is being used by START teams.

6. Conclusions

The implementation of START is progressing well, and learning from each area is being transferred effectively. The service model is delivering efficiencies in excess of the 20% target used in the modelling. More work is needed to increase Learning Disability referrals to START, telecare uptake, and to maximise START capacity.

At its meeting of 16 May 2011, Adult and Community Services Management Board (ACSMB) have recently agreed the following recommendations:

1. The rollout programme to continue, moving into Phase Two following go-live in Hambleton/Richmondshire on20th June.

2. Lifelines are provided free of charge for the first six weeks.

3. Agreement is given to an increase in Senior START hours to deal with the impact of new extra care schemes coming on stream.

4. The new START CSM's undertake an analysis of work patterns and develop an action plan for increasing the delivered hours to a target figure of 60%

5. The new START CSM's use the positive outcomes achieved for people with a learning disability to encourage LD teams to increase referrals to START.

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Appendix 1

PIP Reablement Budget **2010/11**

	Original	**Actual Spend**	**Variance**
Training	133,000	**55,073**	77,927
Reviewing capacity	234,000	**159,265**	74,735
Loss of Income	246,000		246,000
Reprovision of care packages	3,065,000	**560,569**	2,504,431
Total 10/11	3,678,000	**774,907**	2,903,093

NB. Reprovision costs :-

West	443,469
East	117,100

Appendix 2

North Yorkshire County Council
Short Term Assessment and Re-ablement Team
(Flexible Support up to 6 weeks)

Case Study 1

Background	Mr A is an 86 year old who was diagnosed with Parkinson's disease several years ago. He lives with his wife in a second floor flat, close to shops and amenities. They have a close relationship. Mrs A helped her husband with personal care as needed, due to his Parkinson's. They have two sons who live locally, who due to their worry about mum would prefer their father to live in a care home. In December 2010 Mr A was admitted to hospital due to a "Parkinson's freeze"; Mr and Mrs A were staying with one of their sons at the time – it was the sons decision to take him to hospital.
Referral point	START received a referral from the hospital in early January. The hospital team and Mr A's son felt that Mr A should not return home, that the situation would be unsafe for him and too stressful for Mrs A. Mr A was requiring the assistance of two staff members to transfer and required support for all his personal care and dressing needs. Mrs A wanted her husband to return home, Mr A wanted to do what was best for everyone as he was concerned for his wife.
Resource Options – Prior to START	Transfer to Care Home cost of £391.87 per week. Return home with traditional care package cost ranging from £618 to £728 per week.
Decision	A Case Conference was held in the hospital and START agreed to support a return home, with agreed Monday discharge; to avoid the weekend should a crisis occur when fewer support is available. A START Intervention Plan was developed with Mr A and his wife.
START provision	START commenced service on 10th January 2011. 1st week 4 calls per day with two carers. 2nd week 4 calls per day with one carer. Mr A's conditions dramatically improved once in his own environment and feeling more in control of his situation. 6th week Mr A was managing all his personal care needs and dressing needs, only requiring minimum assistance to shower which his wife was happy to do. Telecare was offered but Mrs A did not see any benefits. Total cost of START Service for 6 weeks £455
Partnership Working	The Multi Disciplinary Team in the hospital were co-operative in agreeing a later discharge, keeping Mr A in hospital until the Monday to avoid potential risk of breakdown over the weekend. The Parkinson's Nurse was also involved to monitor medication. The hospital provided several items of equipment on discharge from hospital.

Without START involvement	1) Mr A could have been discharged from hospital into a Care Home placement and it would have been unlikely that he would have improved and returned home. Total Cost per year £20,377.24 – with FNC £26,029.64. 2) A traditional care package would have continued to meet the assessed needs as presenting in hospital, it would have stretched resources – both staff wise and financially (regardless of cost responsibility – Mr and Mrs are in fact self funding). It would have given little quality of life as visits of 8 people through the home everyday can be prohibiting, and times are usually not able to be flexible. Mr and Mrs A are very private people and regular support would have had a negative impact on their lives. Annual Cost, between £32,170 to £37,856.
Outcome	Mr and Mrs A were very grateful for the service and pleased that Mr A was able to return home from hospital and at the end did not need any other support.

Case Study 2

Background	Mrs T who is in her 80's and suffers from short term memory loss had been cared for by her sister Miss L; who is also in her 80's. For some years Mrs T needed prompting for personal care, and Miss L had to do all household shopping and meal tasks. They have no close family and live very isolated. Miss L was admitted into hospital in January 2011 following admission due to having to have toes amputated, and was found to have severe leg ulcers.
Referral point	The GP had involved Fast Response Team to initially ensure Mrs T was safe at the point Miss L was admitted to hospital. It was clear that the sisters were not coping as Mrs T was found not to be taking her medication, the house was un kept, Mrs T had suffered falls and they were both physically in poor condition – as was the home. Both wanted to remain long term at Home. Fast Response referred to START.
Resource Options – Prior to START	• Interim Placement for Mrs T whilst sister in hospital £391.87 per week for 7 weeks, £2,743.09 • Traditional Home Care for Mrs T £201.25 per week for 7 weeks, £1,408.25 which would have incorporated Miss L's needs on discharge increasing the cost of the overall package £304.50 per week.
Decision	START accepted the referral from the Fast Response Team in January for Mrs T, as it was seen as the best option for her to remain at home, and for START to establish what the sisters would both need in the long term, and also to assess the physical condition of the home.
START provision	START commenced service for Mrs T 20th January, on 4 calls per day. At the 3rd week reduced to 3 calls per day. START had begun to see a clear picture of the sisters needs; they found unpaid bills which they organised, out of date food, an infestation of mice which needed them to organise appropriate extermination, de clutter and clean the house. They arranged a builder with the sisters consent to fix broken tiles on the roof and made the living environment safer. Miss L returned home 7th March, visits were reduced to 2 per day supporting both sisters but incorporating both in a caring role. The previous level 5 medication support for Mrs T was reduced via the use of a dosette box, as when prompted by her sister Mrs T could manager herself. Miss L in turn is supported by her sister physically, being able to give her direction on what she herself requires.
Partnership Working	Financial matters were sorted through the support of a Benefit and Assessment Officer. District Nurses were involved in Miss L's discharge to dress her legs. Age Concern met with START and the sisters to offer ongoing support for sleeping, cleaning and financial matters.
Without START involvement	1) It is likely that if Mrs T had been admitted to an Interim Bed she would have deteriorated and remained in care long term. Total Cost per year £20,377.24. 2) Miss Ls is likely to have returned home but without her sisters physical help would have needed 3 calls per day to support with personal care and meals, and would have hd to live alone. Total Cost approx £20,000.00.
Outcome	At the end of April START withdrew. Total Cost of £2,000. The sisters had chosen not to use Age Concern as wanting to be independent. START would have preferred the sisters to have support from Age Concern and intend to do a follow up visit to see how the sisters are managing.

Appendix 3

START Delivered Hours Snapshot – March 2011

Team	Weekly Staff Hours	Weekly Delivered Hours	Percentage %
Selby	340	170.75	50.2%
Sherburn	347	110.75	31.9%
Tadcaster	304	42.5	13.9%
Craven North	306	77	25.1%
Craven South	353	55	15.5%
Knaresborough	184	40	21.7%
Harrogate North	381	73.5	19.3%
Ripon	156	66	42.3%
H/gate Rural	156	30	19.2%
Harrogate South	232	79	34.1%
Harrogate West	263	83.5	31.7%
Scarb. South	213	79	34.1%
Filey	371	106	28.5%
Scarb. Central	238	92	38.6%
Scarb. North	351	106.6	30.3%
TOTAL	**4,195**	**1,207.6**	**29.2%**

NB: There were particular issues in some teams in the week of the snapshot, eg: Tadcaster had significant sickness and annual leave absence.