

REGIONAL REVIEW OF REABLEMENT:

OUTCOME OF THE RETROSPECTIVE LONGITUDINAL AUDIT

BACKGROUND:

The Reablement Project Board on the 13th June 2014 agreed to take forward a Retrospective Longitudinal Audit to determine how long service users benefited from a Reablement episode, in other words:

“if a person is Reabled successfully how long on average does the benefit last?”

In taking this Longitudinal Audit forward a Task and Finish Group comprising of Health and Social Care Board and Health and Social Care Trusts’ representatives was convened with support from KPMG Management Consultants to agree the Guidance, Brief and Data Collection Tool.
(See Appendix 1)

For the purposes of this Audit, it was agreed that in selecting a pre-defined sample the definition for **successfully reabled** was that **one** of the following criteria must apply:

- The service user has **no need** to commence a Domiciliary Care package;
- The service user has historically received a domiciliary care package, has been referred to Reablement and following a Reablement intervention the Domiciliary Care Package is **reduced on discharge**. (ie less hours);
- The service user has historically received a domiciliary care package, has been referred to Reablement and following a Reablement intervention **does not require any additional hours** on discharge. (ie stayed the same).

METHODOLOGY:

Each Trust provided a random sample of 50 people who had been **'successfully' reabled**. The sample was drawn from service users who:

- (1) had been successfully discharged from Reablement within the period 1st April 2013 to 31st March 2014.
- (2) were 65 years or older during their episode of Reablement.

DATA COLLECTION:

The timeframe for completion of all returns was the 31st December 2014 following which the data submitted was collated and quality assured. A preliminary analysis was then presented to the Reablement Project Board on 12th March 2015. The outcome of this led to further data analysis the breakdown of which is presented below.

CURRENT MONITORING INFORMATION: REABLEMENT

The Health and Social Care Board, in conjunction with Trusts, has agreed a monitoring framework for Reablement activity which is updated monthly through the:

- (i) Reablement Information Activity Update Report; and
- (ii) Older People and Physical and Sensory Disability Monthly Bulletin.

Currently data collected in relation to Reablement illustrates the number of service users:

- ✓ referred to the Reablement service;
- ✓ commencing Reablement
(provides breakdown of new and existing service users);
- ✓ discharged and their length of stay within Reablement
(ie <6 weeks, ≥ 6 weeks);
- ✓ who have been discharged from the Reablement service and their outcome on discharge;
- ✓ who have been discharged from Reablement requiring a Domiciliary Care package.

In relation to the latter, (ie services users discharged requiring a Domiciliary Care package), this data demonstrates those who have been discharged requiring the same, an increase, decrease or a new package of Domiciliary Care.

Table 1: Breakdown of Outcome of Discharge for Domiciliary Care 1st April 2013 to 31st March 2014

	Number	%
Total Discharges from Reablement	5047	100%
Outcome of Discharge:		
Other (inc: Discharge to Nursing Home, Residential Homes, Hospital Admissions, Death, etc...)	864	17.2%
No Ongoing Domiciliary Care	2205	43.7%
Occupational Therapy (only)	78	1.5%
With Domiciliary Care Package	1900	37.6%
(i) Same	361	19.0%
(ii) Decrease	213	11.2%
(iii) Increase	288	15.2%
(iv) New	527	27.7%
(v) *NHSCT	*511	26.9%

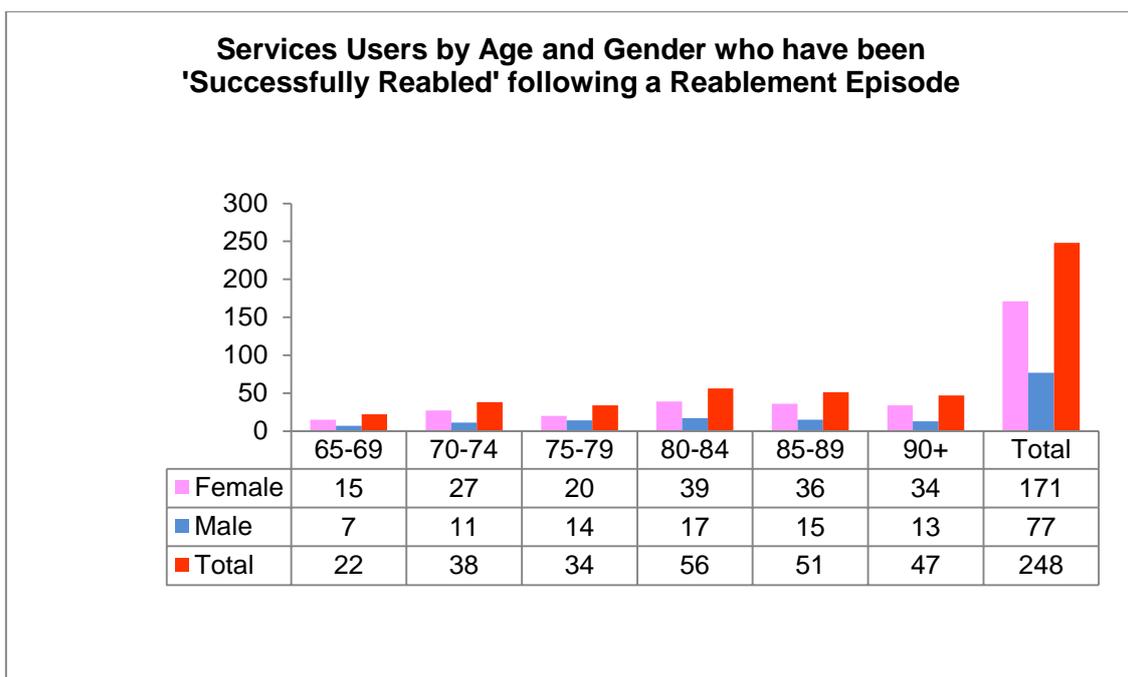
Note: *NHSCT unable to provide breakdown of Domiciliary Care Packages into above categories

Whilst the monthly reports illustrate the immediate outcomes following a Reablement episode, there is insufficient information which demonstrates how long service users benefit from the input of the Reablement service to maintain their independence and reduce the likelihood of potential future reliance on Domiciliary Care.

ANALYSIS OF LONGITUDINAL AUDIT:

Of the total sample of 250 returns, 248 met the agreed criteria ie “successfully” reabled. Figure 1 illustrates that of this cohort of service users 171 (69%) were female and 77 (31%) male, with 62% of the 248 falling within the age bracket of 80 years and over.

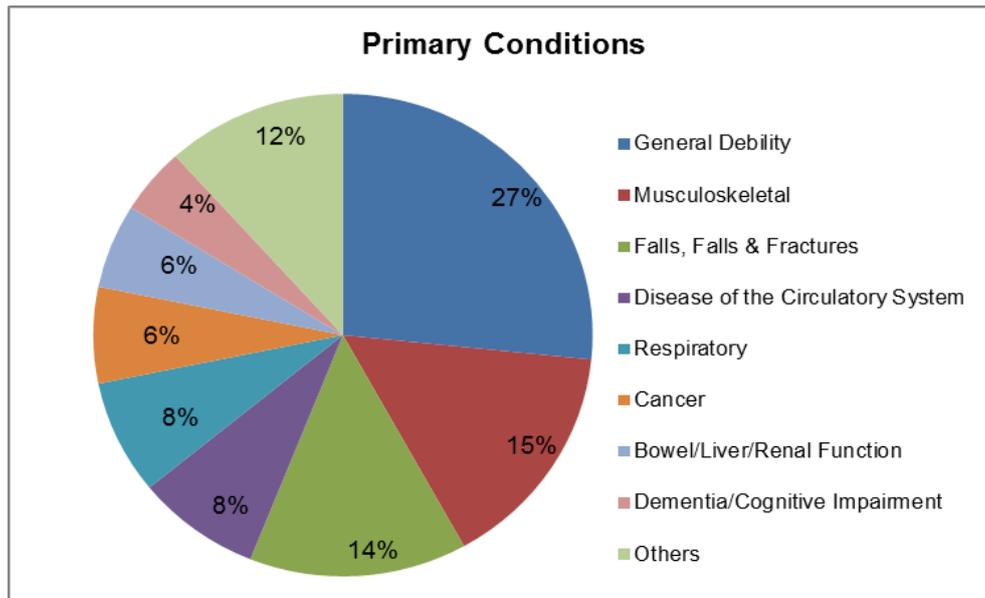
Figure 1: Service Users by Age and Gender who have been ‘Successfully Reabled’ following a Reablement Episode



DIAGNOSTIC CATEGORIES AND CO-MORBIDITIES:

As part of the data collection, information was requested on the service users' Primary and Secondary conditions. In relation to the former eight significant conditions were identified.

Figure 2: Overarching Primary Conditions Suffered by Service Users



Note: Trusts unable to provide detailed breakdown for General Debility

Of the 248 service users, 27% (66) were categorised as those with General Debility which related to the frailty of the service user, however failed to provide a specific diagnosis. 29% were reported as being Falls and Fractures (35, 14%) and Musculoskeletal (38, 15%) the latter of which takes account of joint replacements (23, 60%), osteoarthritis and rheumatoid arthritis (12, 32%).

Disease of the Circulatory system such as valve replacements, congestive heart failure, angina account for 8% (20) of the Primary conditions as does Respiratory conditions (19), including COPD (Chronic Obstructive Pulmonary Disease), Pneumonia, Chest Infection.

A further 6% (16) were reported to have a Cancer diagnosis with a further 6% (14) falling into the category of Diseases of Bowel, Liver and/or Kidney, which include Urinary Tract Infections (UTI), renal failure.

4% (11) were reported to have a primary diagnosis of Dementia/ Cognitive Impairment.

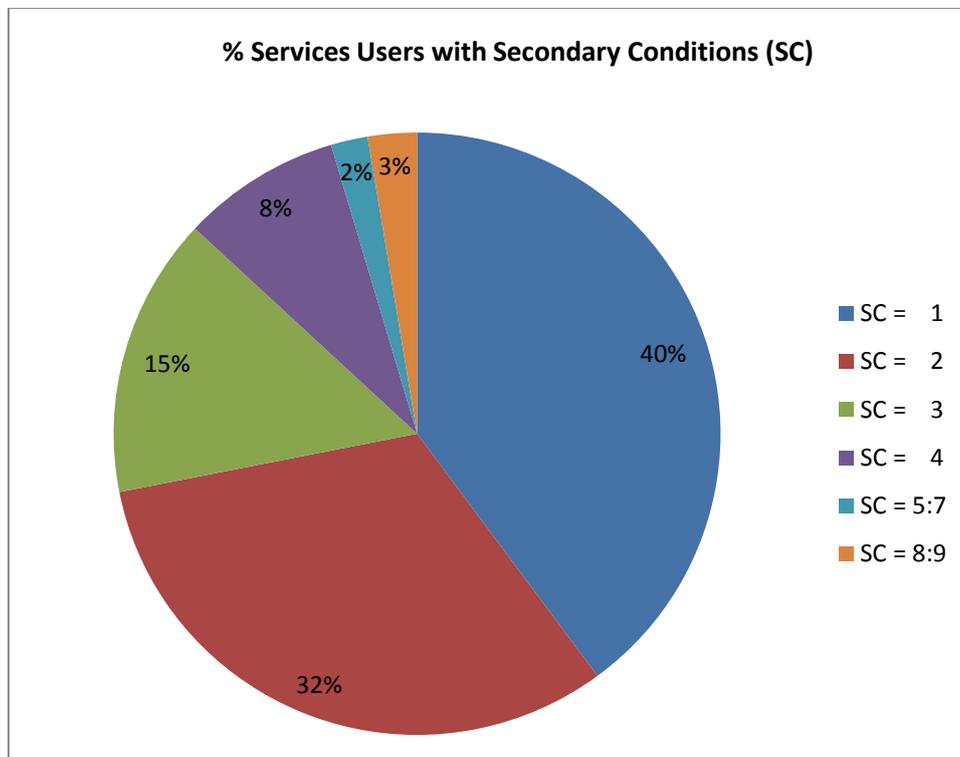
In considering the service users with co-morbidities, 95 (38%) of the 248 presented with a Primary condition only, the remaining 153 (62%) had a range of between 1 and 9 Secondary conditions. Table 2 provides a breakdown of those who have one or more diagnosed Secondary conditions by age bands.

Table 2: Breakdown by Age Bandings of those Service Users with One for more Diagnosed Secondary Condition(s)

Number/Range of Secondary Conditions (1:9)	Age Bands						Total
	65-69	70-74	75-79	80-84	85-89	90+	
1	6	7	9	14	13	12	61
2	3	10	7	11	11	7	49
3	2	4	6	4	3	4	23
4	0	1	1	5	5	1	13
5-7	0	0	0	3	0	0	3
8-9	0	1	0	1	2	0	4
Total	11	23	23	38	34	24	153

The data in Figure 3 shows the complexity of the cases which the Reablement service accepts with 60% (92) having two or more secondary conditions; 62% between the age of 65 -84 years and 38% 85+ years. Whilst all of these services users have been 'successfully' reabled (refer to criteria on Page 1) it is evident that Reablement is as effective for those with co-morbidities who fall into the 85+ category.

Figure 3: Percentage Breakdown of the Complexities and Co-morbidities of Service Users who have been ‘Successfully’ Reabled



OUTCOME AND LENGTH OF BENEFIT:

This Longitudinal Audit will aim to provide information against three key outcomes:

- (i) Outcome on immediate discharge from Reablement;
- (ii) Longterm outcome following an episode of Reablement;
- (iii) Length of benefit for those service users
 - ✓ who remain successful as at 31st December 2014;
 - ✓ who have been categorised as ‘unsuccessful’ (ie referred back to the Trust);
 - ✓ who died.

OUTCOME ON IMMEDIATE DISCHARGE FROM REABLEMENT:

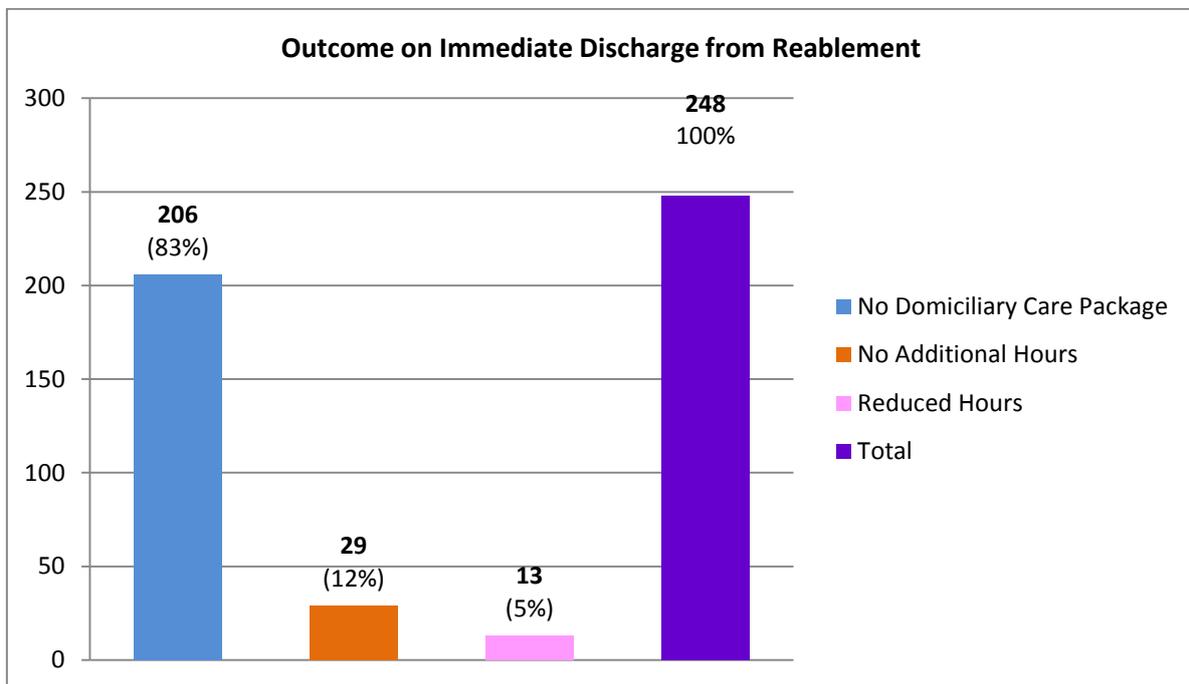
The Outcome on Immediate Discharge from Reablement is a breakdown of those service users who:

- ✓ **did not require** a Domiciliary Care package.
- ✓ **exited with the same** domiciliary care package as they had on commencing their Reablement episode;
- ✓ **had a reduction** to their existing domiciliary care package;

Of the 248 service users who were referred to Reablement and were 'successfully' reabled:

- ✓ 83% (206) discharged **did not require** a Domiciliary Care Package;
- ✓ 12% (29) discharged **with the same** Domiciliary Care Package;
- ✓ 5% (13) discharged **with a reduction** in their existing Domiciliary Care Package.

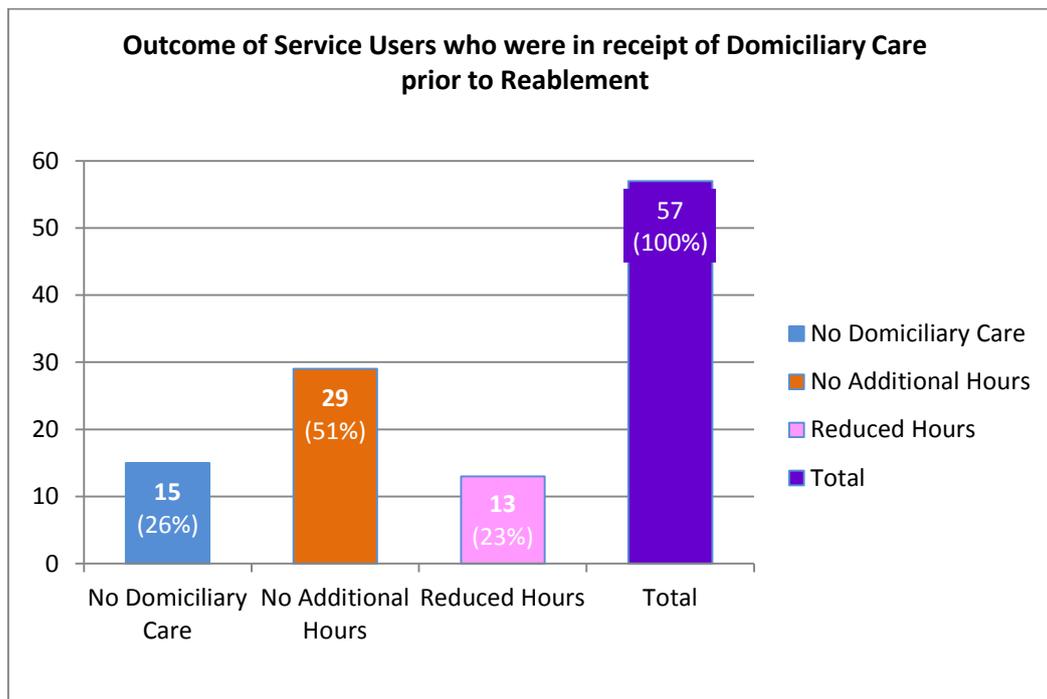
Figure 3: Outcome for the Service Users on Immediate Discharge from the Reablement Service



Prior to commencing Reablement there were 191 service users (77%) who were not in receipt of a Domiciliary Care Package and their status remained the same on immediate discharge from Reablement. However, there were 57 (23%) service users already in receipt of a Domiciliary Care Package and were being referred to the Reablement service for assessment with a view to having their existing domiciliary care package increased.

The data in Figure 4 indicates that 51% (29) of those services users in receipt of a Domiciliary Care package prior to Reablement, were discharged with no increase to their current provision, whilst 23% (13) were discharged with their existing package reduced and a further 26% (15) discharged with no Domiciliary Care package.

Figure 4: Outcome for Service Users in Receipt of a Domiciliary Care Package prior to commencing Reablement



LONGTERM OUTCOME ON DISCHARGE FROM THE REABLEMENT SERVICE:

In determining the long term outcome following a Reablement episode it is necessary to measure the length of benefit for the service user. This will be determined from date of discharge to end point of the audit (31st December 2014) or when the service user was re-referred for the following:

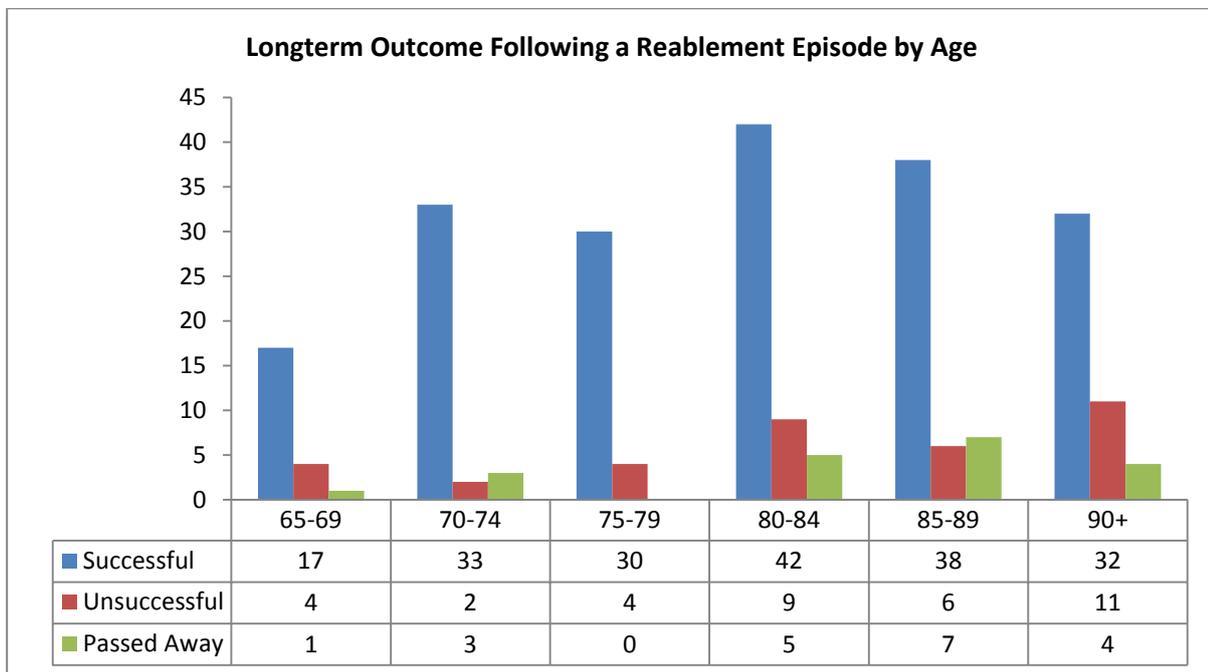
- (i) commencement of a Domiciliary Care package;
- (ii) increase in a Domiciliary Care package;
- (iii) admission to Residential Care on a permanent basis;
- (iv) admission to Nursing Home Care on a permanent basis; or when
- (v) the service user had died.

Having ascertained the above, it was possible to extract and measure the numbers of service users who:

- ✓ were **not re-referred** to a Trust prior to receipt of the audit return (ie 31st December 2014) (including those who died) for a commencement of a social care package or an increase to an existing package (**Remains Successful**); against
- ✓ despite the period of Reablement were **re-referred** because they required a package of care, an increase to an existing package, or were admitted permanently to residential or nursing home care(**Unsuccessful**).

Figure 5 provides a breakdown of those service users who have Remained Successful, Unsuccessful and who had Died. The total of those who Remain Successful is 212 (85%), the breakdown of this is 192 (77%) service users remained successfully reabled as at 31st December 2014 with an additional 20 (8%) remaining successfully reabled until their death. A small number of service users 36 (15%) did not remain reabled and were re-referred to the Trust.

Figure 5: Breakdown of the Long Term Outcome following Discharge from a Reablement Episode



LENGTH OF BENEFIT TO THE SERVICE USER FOLLOWING A REABLEMENT EPSIODE:

Whilst the long term benefits, outlined above provides an positive outcome of Reablement, it is important to acknowledge that in the data the dates of discharge range from 13th May 2013 to 19th March 2014 indicating a variance in the length of benefit for service users.

Length of benefit for those Service Users who Remain Successful as at 31st December 2014:

To reflect a more accurate analysis and a more in-depth understanding of the length of benefit of those who Remained Successful it was essential to calculate the number of days from Date of Discharge to the conclusion of the audit at 31st December 2014.

Table 4: Length of Benefit to Service Users who Remained Successfully Reabled as at 31st December 2014

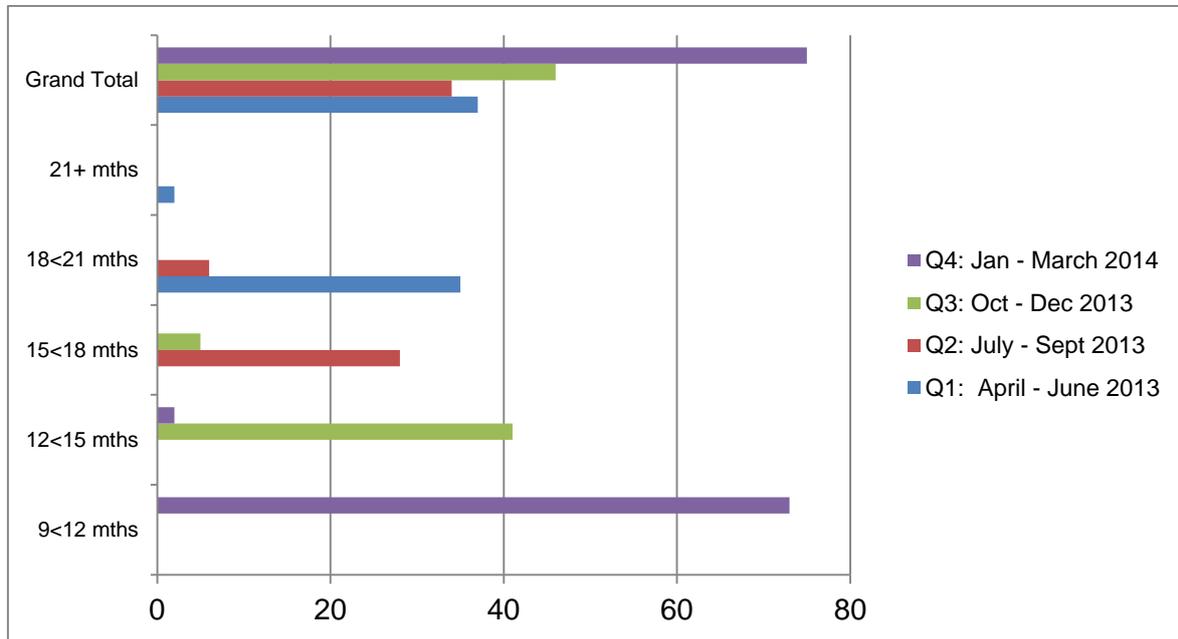
Length of Time*	No of Service Users	Percentage
0<3 months	0	0.0%
3<6 months	0	0.0%
6<9 months	0	0.0%
9<12 months	73	38.0%
12<15 months	43	22.4%
15<18 months	33	17.3%
18<21 months	41	21.3%
21+ months	2	1.0%
Grand Total	192	100.0%
*Note: Timeframe (in months) has been calculated on a 90 day cycle		

The calculations in days were subsequently broken down into quarterly timeframes, based on a 90 day cycle, within the financial year 2013/14. The analysis in Table 5 and Figure 6 demonstrates that 192 service users regained their independence and continued to remain living within their own homes. This success in Reablement equated to 82,199 days (192 clients) and resulted in net (Domiciliary Care) costs avoided of £1.292m.

Table 5: The Length of Benefit to Service Users Discharged and who Remained Successfully Reabled as at 31st December 2014

Reabled Time Bands (Quarterly)*	Discharge Timeframe				Total
	Q1: April - June 2013	Q2: July - Sept 2013	Q3: Oct - Dec 2013	Q4: Jan - March 2014	
9<12 months	0	0	0	73	73
12<15 months	0	0	41	2	43
15<18 months	0	28	5	0	33
18<21 months	35	6	0	0	41
21+	2	0	0	0	2
Grand Total	37	34	46	75	192
*Note: Timeframe (in months) has been calculated on a 90 day cycle					

Figure 6: Graph showing the Length of Benefit to Service Users Discharged who Remained Successfully Reabled as at 31st December 2014



***Note: Timeframe (in months) has been calculated on a 90 day cycle**

Length of Benefit for those Service Users who have been categorised as Unsuccessful (re-referred prior to 31st December 2014)

A small number of service users (36) were re-referred for a social care package prior to the 31st December 2014.

Table 6: Length of Benefit to the Service User who did not Remain Reabled

Length of Time*	Commenced a Domiciliary Care Package	Required an Increase to a Domiciliary Care Package	Required Admission to Residential Care	Required Admission to Nursing Home Care	Total
0<3 months	19	8	0	3	30
3<6 months	0	0	0	0	0
6<9 months	0	0	0	0	0
9<12 months	1	0	0	0	1
12<15 months	1	0	0	0	1
15<18 months	2	0	0	0	2
18+ months	1	1	0	0	2
Grand Total	24	9	0	3	36

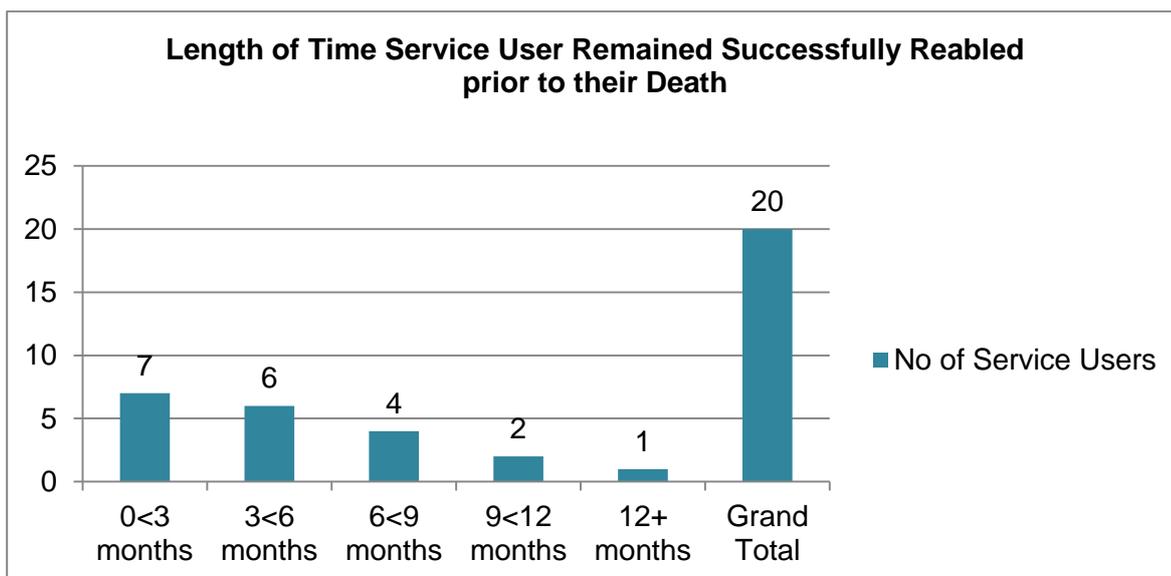
***Note: Timeframe (in months) has been calculated on a 90 day cycle**

Despite being re-referred these service users were considered to be successfully reabled up to the point in time when a package commenced or increased or when the service user was admitted to residential or nursing home care on a permanent basis. Therefore the length of benefit to these services users can also be determined and this equates to 5,239 days (36 clients) which compares to net (Domiciliary Care) costs avoided of £0.032m.

Length of Benefit for those Service Users who had Died:

A small number of services users (20) who were successfully reabled died prior to the end of the audit. Figure 7 below illustrates the length of time these service users remained independent prior to their death.

Figure 7: Length of Time Service Users Remained Successfully Reabled prior to their Death



***Note: Timeframe (in months) has been calculated on a 90 day cycle**

SUMMARY AND FINDINGS:

As noted in the Reablement Overview report (Section 3.3.1) the original projections for quantifying financial benefits of Reablement were to delay the need for ongoing packages of care and redirect freed-up resources to address increasing demographic demand. This audit demonstrates that this objective is both realistic and achievable, although whilst not always evident in financial savings it is apparent from the Trusts that it significantly contributes to cost avoidance and demand management.

As the performance management indicators for Domiciliary Care continue to be developed this should highlight the positive impact of Reablement on Domiciliary Care demand.

It is worth noting that of the 57 service users in receipt of a Domiciliary Care package prior to commencing Reablement, 49% were discharged with a reduced or no package of care. In order to maximise the potential value of Reablement all service users who undergo a statutory review of Domiciliary Care should be considered for a period of Reablement in accordance with the criteria as outlined within the Regional Reablement Model.

It is important to note, however that whilst there are service user benefits in relation to improved independence, which in turn have the associated benefits of a reduction in the demand of Domiciliary Care, these must be balanced against quality of life issues, including social, mental and emotional wellbeing of the service user, their family and carer's. The inclusion of an assessment to measure the quality of life aspects of wellbeing are currently being considered for implementation across the Social Care and Children's Directorate. These will be included for adoption within Reablement once an agreement has been reached.

An important aspect of maintaining an older person's quality of life is to ensure there are mechanisms in place to strengthen their social fabric and provide support systems to combat social exclusion and isolation. In order to achieve this there needs to be improved partnership and collaborative inter-sectoral working to co-ordinate and maximise the use of existing resources and a needs assessment to identify gaps and a plan to ensure these are bridged.

FURTHER POTENTIAL BENEFITS OUT OF REABLEMENT:

Having considered the outcomes of this audit there are other potential areas of benefit that could be considered for evaluation such as:

- (i) monitoring the impact of Community and Voluntary organisations to provide early intervention and prevention activity;
- (ii) monitoring the impact that the Reablement service has on the prevention of hospital admissions;
- (iii) monitoring the impact that the Reablement service has on reducing hospital length of stay;
- (iv) undertaking a further audit, for example in twelve months' time, with the same cohort of service users to ascertain the equilibrium of the benefit of their Reablement episode;
- (v) an additional audit to evaluate the impact of Reablement on service users already in receipt of a Domiciliary Care Package who are scheduled for a review or are being referred for an increase to their existing package.

RECOMMENDATIONS:

- ✓ The Reablement service will be accessible and available across Northern Ireland, in the first instance within the Older People's programme of care (65+) with an expectation that through time the Reablement ethos will be phased into other adult services.
- ✓ Re-shape the Domiciliary Care service to have more of a Reablement ethos ie goal orientated outcome focused service delivery;
- ✓ Trusts to extend Reablement to include reviews of those in receipt of Domiciliary Care;
- ✓ Identify and adopt a tool to measure quality of life;

- ✓ Scope the role and function of Community Navigation and Community and Voluntary organisations to provide early intervention and prevention and to support the service user during and post Reablement;
- ✓ Further develop Key Performance Indicators to measure the impact of Reablement.

APPENDIX 1:

REVIEW OF REABLEMENT SERVICE
Briefing Paper: Retrospective Longitudinal Audit

Background

As you will be aware the Reablement Project Board has been carrying out a review of the current Reablement service offered across Northern Ireland. This has taken the form of an audit at two levels - managerial and operational.

Estimating the cost savings of Reablement – principally, avoided domiciliary care – is a challenge because little is known about the long term benefits. However, put simply:

if a person is Reabled successfully how long on average does that benefit last?

We know the immediate outcomes of Reablement eg: ‘no ongoing care required’, ‘less ongoing care’, etc., however that is not sufficient to inform decisions about how much we should invest in the service.

Longitudinal Audit Summary

A Longitudinal Audit to address this gap in the evidence has been designed. The Audit will look at a random sample of 50 people in each Trust who were Reabled successfully in the period **1st April 2013 to 31st March 2014**. The Audit focuses largely on how long service users benefitted from Reablement, either because they did not need a care package at all, or because their care package was reduced, or because additional care was avoided following a referral when they were re-assessed.

The Audit will take place from end of October to December 2014 with returns being submitted Sharon Knowles either via e-mail to sharon.knowles@hscni.net or via post to HSCB (Northern Office), Social Care and Children's Directorate, County Hall, 182 Galgorm Road, BALLYMENA, BT42 1NQ **no later than 31st December 2014.**

Guidance on the methodology for the Longitudinal Audit is set out in the Annex to this paper.

The point of contact in each Trust responsible for data collection is listed below:

- Belfast: Geraldine Coyle, Kathleen McDonnell
- Northern: Margaret McAleese, Fiona O'Neill
- South Eastern: Simon Young, William Hickey
- Southern: Paula Haughey, Brian Beattie,
- Western: Martin McGeady, Grainne Concannon

The results will help Trusts to measure the long term benefits of Reablement, inform Business Cases for further investment, and benchmark performance with other Northern Ireland Trusts and appropriate comparators in Great Britain.

Annex:

REVIEW OF REABLEMENT
Retrospective Longitudinal Audit: Methodology and Guidance

This Annex sets out the Guidance to Trusts for collecting data in order to help estimate the longevity of benefit for those people who are successfully Reabled.

The definition for successfully Reabled is that one of the following criteria must apply:

- The service user has no need to commence a Domiciliary Care package;
- The service user has a domiciliary care package, has been referred to Reablement and following a Reablement intervention the Domiciliary Care Package is reduced from what they had prior to Reablement i.e. fewer hours;
- The service user has, historically, a domiciliary care package, has been referred to Reablement and following a Reablement intervention does not require any additional hours on discharge from Reablement.

Each Trust is asked to collect data for a random sample of 50 people who have been 'successfully' Reabled. The sample should be drawn from service users who:

- (3) have been successfully discharged from Reablement within the period 1st April 2013 to 31st March 2014. If it falls outside these time limits do not continue;
- (4) are 65 years or older during their episode of Reablement;

Note: Where, a person has had more than one episode of Reablement, with a discharge date during 1st April 2013 – 31st March 2014 only consider the last episode within this timeframe.

It is for Trusts to determine how they make sure the sample is random, but the method adopted should ensure that any person who is successfully Reabled during 2013/14 has an equal chance of being selected.

One data item requires particular mention and definition. The 'longevity of benefit' of successful Reablement is defined as the elapsed time between the date of discharge and the date of the first of these events:

- a domiciliary care package is introduced or increased;
- the service user enters residential or nursing care on a permanent basis;
- The service user dies.

If there is no record of any of these events then it can be assumed that the service user is still successfully Reabled.

For people that have been selected for the audit please access records, systems and datasets to complete the spreadsheet proforma.

The proforma has been designed to ensure that an individual person cannot be identified.

Please make sure that no additional information is entered which (inadvertently) could enable a person to be identified.

TEMPLATE

(to be completed in accordance with Methodology and Guidance)

REVIEW OF REABLEMENT

RETROSPECTIVE LONGITUDINAL AUDIT OF SERVICE USERS SUCCESSFULLY REABLED DURING PERIOD

1st APRIL 2013 TO 31st MARCH 2014

TRUST

(please select from drop-down list)

PERSONAL DETAILS:

Age on discharge from Reablement: Gender:
(please select from drop-down list)

What is the Primary Health Condition on Referral?

What is the Secondary Health Condition on referral? (if applicable)

REFERRAL DETAILS:

Source of Referral:

Date of most recent Referral to Reablement: dd/mm/yy

Date of Discharge from Reablement: dd/mm/yy
(Note this be during the financial year 2013/14)

Duration of Reablement Episode (in days): <> days

SERVICES REQUIRED PRIOR TO COMMENCEMENT OF REABLEMENT:

Has the Service User had previous Reablement intervention/s?
(please select from drop-down list)

If yes, how many?
(please select from drop-down list)

Was Service User in receipt of Domiciliary Care Services prior to commencing Reablement?
(please select from drop-down list)

If yes, how many hours of Domiciliary Care Services per week was the Service User in receipt of?

EXPERIENCE WITHIN REABLEMENT:

Did Service User require Assistance of:
(please select from drop-down list)

Immediate Outcome on Discharge from the Reablement Service

What was the outcome on Discharge from the Reablement Service?
(please tick the appropriate box and where not applicable please indicate)

No Domiciliary Care Package required on Discharge from Reablement
No Additional Hours Required on Discharge from Reablement
Reduced Hours on Discharge from Reablement
(please select from drop-down list)

If hours have been reduced, how many hours of Domiciliary Care Services per week are now being provided?

Long-term Outcome on Discharge from the Reablement Service

Following the above period of successful Reablement, if the Service User is now in receipt of the following services, please enter commencement date.

- (1) Commencement of Domiciliary Care Package?
- (2) Increase in a Domiciliary Care Package?
- (3) Admission to Residential Care on a Permanent basis?
- (4) Admission to Nursing Care on a Permanent basis?
- (5) The Service User has passed away?

NOTE: COMPLETED TEMPLATES SHOULD BE RETURNED NO LATER THAN THE 31st DECEMBER 2014 TO SHARON KNOWLES EITHER VIA E-MAIL TO: sharon.knowles@hscni.net OR VIA POST TO: HSCB (Northern Office), Social Care and Children's Directorate, County Hall, 182 Galgorm Road, BALLYMENA BT42 1NQ

as at 27th October 2014

