

1. How - Planning your Impact Assessment

Name of service area / function:

**Adults, Children and Education
Reablement Service in Adult Care**

Lead officer for this EIA: Include job title so if this person leaves the link is not lost.

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Job Title: Assistant Director Assessment & Personalisation

Describe the service area / function:

Re-ablement is a short-term intermediate care service designed to help older customers become more independent and less reliant upon long term services. The service is delivered in customers own homes by care staff working for Adult Care within the City of York Council The reablement service should last for no more than 6 weeks after which time customers are re-assessed to determine whether they have any long term care needs and how these can be met. The service has been running in York for over eighteen months with an expectation that almost all older customers would be able to access reablement before any long term care package was allocated. The service as it currently exists attracts a charge from those customers that are considered able to pay following a financial assessment.

Date of EIA: (or review date)

25 January 2011. The EIA will be reviewed at key decision stages in order to reflect the impact of decisions made.

EIA signed off by: e.g. DMT, CMT, Partnership Board etc.

ACE DMT/ More 4 York Board

2. Issues - identifying the issues and finding evidence

Issue 1:

The need to increase the capacity of the existing reablement service whilst recognising the pressure on all Council budgets.

Experience so far shows that the size of the existing service is not adequate to deliver the expected benefits to customers. A consequence of this is that significant numbers of customers are being placed either in residential or domiciliary long term care provision without the opportunity to realise their full capacity. Data from the Department of Health generated from comparison with other local authorities shows that based on the population of York, 693 customers would be potential reablement customers in a year. This equates to 1012 per week of face to face service hours per week, which is twice the current amount, provided by the existing service. In order to increase capacity and allow all older people entering social care to take full advantage of the benefits of reablement there is a requirement to double the size of the service.

This increase in service capacity would require a significant investment at a time when there is considerable pressure on Council budgets. Alongside this, there is an increased demand over the coming years because of the forecast growth in the older people population.

Evidence to support this:

The reablement service takes place in a customer's home and care staff work with customers to help them regain confidence and skills in day-to-day living. Successfully reabled customers become more independent and less reliant on being helped and more able to help themselves. Reablement results in improvements in customer's health-related and social care-related quality of life. Consequently older people are able to stay in their own home for much longer and are far better able to fend for themselves and be more independent for much longer.

A reablement service is now a feature of almost all local authorities providing social care. It has proved to be an effective way of reducing both admissions to residential care and the size of care packages required for ongoing domiciliary care. It saves significant resources that can in turn be used to provide more care to a greater number of people. A number of national studies have been undertaken which support and acknowledge the benefits of reablement; the most recent being "Home care reablement services: investigating the longer-term impacts, 2011." This work was undertaken by the Social Policy Research Unit at the University of York and commissioned by the Department of Health's Care Services Efficiency Delivery team.

The current service which is run in-house is too small to cope with demand which means that many customers are not able to take advantage of the benefits of being re-abled and go instead directly into long term care. This capacity issue presents an inequality where many service users that could take advantage and benefit from being re-abled are not able to do so. The long term care which is subsequently purchased for these customers will cost more to provide which in turn means that less money is available overall to provide social care to a growing older population. The existing reablement service is approximately half the size it should be in order to be fully effective. There is therefore a need to expand the service to create the required additional capacity. A major benefit of the expanded service will be that it will no longer attract a charge nor will there be any change to the eligibility criteria. A reablement service that is of the correct size will eliminate the current inequality that currently exists for the people of York.

Which of the 6 strands does this issue affect?

Disability in older people

Issue 2:

How the expansion of reablement will be achieved.

A number of methods by which reablement could be expanded have been examined. It is considered that there remains only two realistic ways of expanding the size of the reablement service.

Option 1 is to recruit the extra staff into the in-house service. This option would have no adverse effect on the staff currently employed and consequently there would be no equality impact by using this solution to resolve **Issue 2**.

Option 2 is to seek an alternate provider for the required extra capacity and simultaneously transfer the in-house reablement team to the new provider. This option would have an impact on the in-house team, as they would no longer be Council employees albeit they would still retain their current terms and conditions after transfer to their new provider.

The decision on which option is chosen relates predominantly to the cost of provision. **Option 1** requires considerable financial investment unless significant change can be made to practice and operating costs of the in-house team.

Option 2 can be achieved with no additional investment.

Evidence to support this:

Option 1 would require a further minimum investment of £1.1M. It is considered that the total level of service (existing and expanded) could be purchased from the independent sector for the same price that it currently costs to operate the in-house service. This is because In-house costs are generally significantly more expensive than independent sector costs.

Although the outcome for customers of Reablement is different to traditional domiciliary care, it is similar in business operation terms. Over the past ten years many local authorities with a social care responsibility have either partly or wholly outsourced or sought alternative provision for their domiciliary care. This has been caused by a growth in demand for homecare resulting from increased growth in the older population alongside a desire for people to remain in their own homes as long as possible. Consequently there has been a very large expansion in the number of

domiciliary care agencies registered with the Care Quality Commission. It was found that independent sector providers could supply good quality domiciliary care at much less cost than the private sector. Over a period of time many local authorities with successful private sector operations chose to move their remaining in-house services to the private sector in order to reduce cost and make better use of their resources. City of York Council already has 73% of the domiciliary care market in the private sector. The Department of Health has encouraged local authorities through the Care Services Efficiency Delivery Team to reduce inefficiencies in social care delivery in order to reduce the budget pressures that will result from the projected growth in the older population. Although Local Authorities will continue to have responsibility for delivery social care it is not expected that this will be by directly providing services if alternate good quality services can be purchased at a better price.

In order to ensure that a contract for the delivery of reablement care is successful it is fundamental:

1. That the supplier is chosen carefully and has a good record with the Care Quality Commission and a previous track record of successful reablement or domiciliary care delivery.
2. That the contract is robust and is clear about expected outcomes and performance
3. That the contract is properly monitored by council commissioning staff and that there is a strong relationship built between commissioner and supplier.
4. That there is a robust operational relationship between in-house care management staff and the chosen provider to ensure that the care planning and the care delivery process works to achieve the expected outcomes in reablement.
5. That there is a robust operational relationship between in-house care management staff and the chosen provider to ensure that the care planning and the care delivery process works to achieve the expected outcomes in reablement.

Should a decision be made to seek an alternative provider for the reablement service it is planned that these elements will be in place and will be governed by a performance management framework, which will monitor the overall performance of the new service.

Customers already undergoing reablement at the point of change in provision will not be affected because the service runs for a maximum of six weeks so they will be able to complete their programme with the in-house team.

A fully functioning reablement service operating at the correct size could save the Adult Care budget up to £700,000 per annum by reduction in the cost of ongoing long-term care packages. The in-house current service costs £1.4M to operate but is not able to produce these savings because of its inadequate size. To expand the service in-house with its current operating costs would take a further minimum investment of £1.1M. This is not considered to be cost effective and this level of investment is unlikely to be available to spend in the current economic climate.

Should Option 2 be chosen. Without prejudice to their right to transfer to the new organisation, staff may wish to volunteer to be released from employment on the grounds of business efficiency if they do not wish to be transferred to a new provider. It will be a requirement within the contract for the new provider to have experience of managing staff transferred under the Transfer of Undertakings (protection of employment) scheme (TUPE) and that they are able to demonstrate that they can provide and are members of a comparable pension scheme. No staff will be made compulsorily redundant and under TUPE regulations there will be no adverse effect on the existing terms and conditions which they have with City of York Council. In addition to the staff transferred the new reablement provider will be required to recruit more staff in order to deliver the extra capacity need and it is expected that this could generate in the order of 50 additional new jobs within the wider York community.

Which of the 6 strands does this issue affect?

Gender; the in-house staff group numbering 59 is almost exclusively female.

3. Consultation - Get stakeholder/customer feedback on your service.

Consultation. Who did you consult? How did you consult them? What did you find out?

Consultation

Consultation with older peoples groups has taken place regularly. There is a consistent message from older people that wish to be supported at home and not enter residential care prematurely. An expanded reablement service would help address this message. Should there be a decision in favour of Option 2 it means that there is will be no service transfer

for the customer. Any customer already on the in-house reablement scheme will be able to complete their programme. Only new customers will enter into the re-provided service.

Feedback has been sought from other local authorities that have either outsourced their reablement service either wholly or in part. All have said that they have been pleased with customer feedback and that they are achieving good outcomes. In some cases reablement rates have exceeded their expectations.

The Council Executive has not yet agreed this proposal and therefore formal staff and trade union consultation has not taken place. However, subject to Executive agreement it is planned that formal consultation with staff and trade unions will commence immediately after a decision has been made.

Consultation with trade unions and staff

Early conversations with both UNISON and GMB have taken place in order to brief them of the situation. Detailed cost analysis has also been shared and management have offered to explain the detail of this. Should it be resolved that the expanded and existing service should be procured, formal consultation will begin immediately.

Staff were briefed immediately prior to the report becoming public. Over 50 staff attended this briefing and were joined by representatives from UNISON and GMB. There will be ongoing detailed formal consultation on the proposals with staff groups and on an individual basis throughout the consultation period. A total of 7 open meetings have been held since 14 December 2010. These weekly meetings were supplemented by 2 further sessions devoted to questions and answers on TUPE in response to requests from staff. Unison and GMB representatives were invited to attend the weekly meetings and the TUPE sessions and attended where they could.

4. Actions - Develop an improvement plan.

What actions are you going to take to address the issues identified?	By when?
Should there be a decision in favour of option 2 then a project plan will be initialised to deliver the required outcomes. The project will be implemented between March until October 2011 with a view to being completed and becoming operational around October 2011. The exact timescale will be determined by the staff consultation period and the procurement process.	October 2010

5. Summary - Summarise the key issues and actions (this bit will be made public).

Please summarise the key issues that you have identified (add more if you wish).	<p>1. The need to increase the capacity of the existing reablement service An increase in capacity will have a positive equality impact on the older people of the City of York by ensuring that all have the opportunity to access a service that is currently too small to meet everyone's needs. Accessing the service results in improvements to customer's health-related and social care-related quality of life. Consequently older people are able to stay in their own home for much longer and are far better able to fend for themselves and be more independent for much longer.</p> <p>2. Should it be decided that the option to expand the reablement service by transferring current in-house provision to the private sector alongside purchasing the additional required capacity then this would affect the predominantly female workforce who would be required to transfer to the new provider under transfer of undertakings protected employment (TUPE) rules.</p>
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Please summarise the **key actions** that you have identified (add more if you wish).

1. A decision to increase the capacity of the existing reablement service will result in a project delivery plan which will ensure that a contract is procured offering quality provision at the best price with safeguards in place to guarantee that the service is delivered in accordance with the desired outcomes.

2. The impact on staff will be managed through detailed consultation and support over the coming months. Staff will have access to management and human resource staff for advice and information. TUPE rules protect the existing terms and conditions of the staff group and no compulsory redundancies would result from this decision.