# Evaluation report

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Introduction

Roseberry Mansions Reablement Service is a ten unit service which provides intensive short term support and therapies to enable people who have been hospitalised to return home or to other appropriate long term accommodation.

The service is based in the heart of the Kings Cross regeneration area in a beautiful purpose built extra care scheme. Customers benefit from the expertise of a multi-disciplinary team which works collaboratively on-site to give a comprehensive wrap-around reablement service for up to six weeks.

The main aims of the service are to:

• improve the quality of customers’ lives by enabling and re-skilling them to be able to return home or to other appropriate accommodation in a sustainable way

• facilitate earlier hospital discharge and avoid unnecessary or repetitive hospital admissions

• prevent or delay the need for long term residential or nursing care placements

• deliver significant NHS and adult social care savings.
About the service

The Roseberry Mansions Reablement Service is run by One Housing which has extensive experience in older people’s and extra care services in London and the South East.

We have designed this service with our ethos of choice, dignity and outcomes for older people at its heart. We understand that customers who have been in hospital for some time following ill-health or a fall may have become de-skilled and anxious about their ability to cope at home alone. The Roseberry Mansions Reablement Service serves to re-establish these skills and build up the customer’s confidence in their own abilities.

Roseberry Mansions is an attractive, aspirational and purpose-built service for older people. Each room is self-contained, homely and custom designed for our customers. For instance, there are flat surfaces wherever possible to avoid trip hazards. Each room is fully kitted out with relevant aids, adaptations, and emergency pendants. This is important because customers can become familiar with the use of these aids before they begin to use them on their return home, if required. Customers can also learn life skills, such as cooking and shopping, that they may have lost during a prolonged period in hospital.

Customers are referred to the service by hospital discharge teams via a social worker. Customers should be over 55yrs old and be assessed to:

- have less than 20 hours care needs a week
- need insulin no more than twice a day
- currently have their own tenancy or home
- benefit from the reablement service.

More than half (57%) of the referrals received by Roseberry Mansions Reablement Service have met these criteria and been accepted to the service.

On arrival at the service, customers are welcomed by their key worker who will give them consistent support throughout their stay. At this stage it is important that exit plans are put in place and the ethos of reablement is clear. We appreciate that arriving at the service can present quite a cultural change for some customers who have been in hospital for a prolonged period and cared for totally.

Each customer will have a personal care plan which can involve any of the multi-disciplinary team that work jointly on site. This dedicated onsite healthcare team, commissioned by Camden Adult Social Care, and delivered by Central and North West London NHS Foundation Trust, supplements One Housing’s care and support workers and consists of:

- social services
- occupational therapist
- physiotherapists
- speech therapists
- district nurse input.
The diagram below illustrates our integrated model:

A weekly multi-disciplinary team meeting is designed to make sure that each customer receives cohesive and individually tailored interventions and that there is seamless communication of pertinent information between all relevant agencies involved.
Evaluation methodology

One Housing and Camden adult social care collaborated to gather quantitative and qualitative data throughout the first ten months of the service provision up to August 2014. We are grateful for the contribution and assistance of Carol O'Brien (Programme Manager Adult Social Care - Reablement) in the production of this report.

The evaluation of the service has been designed to measure its efficacy in achieving its aims and objectives, namely to:

- improve the quality of customers' lives by enabling and re-skilling them to be able to return home or to other appropriate accommodation in a sustainable way
- facilitate earlier hospital discharge and avoid unnecessary or repetitive hospital admissions
- prevent or delay the need for long term residential or nursing care placements
- deliver significant NHS and adult social care savings.

Customer group

Thirty three customers used the Roseberry Mansions Reablement Service in the first ten months of opening with eight customers still actively using the service.

Key findings

Facilitating earlier discharge and avoiding repetitive hospital admissions

Most referrals (57%) to the Roseberry Mansions Reablement Service came from hospitals with the remaining referrals (42%) coming from community organisations such as community mental health teams. The service is a valuable alternative option to continuing bed-blocking inpatient hospital care at a point when the patient is medically well enough to be discharged but not well enough or able to return home.

Customers stayed at the service for an average of 41 days, just under the six week allocation. However, seven customers overstayed this time frame. This was at the discretion of the London Borough of Camden and One Housing with a view to being as flexible as possible with customers that had legal or housing issues beyond anyone's control.

The provision of the reablement service to patients leaving hospital gives adult social care and other relevant agencies more time to carry out further assessments, for instance for aids and adaptations, that would otherwise be impossible before the customer returned home. This means the most informed and appropriate long term solution for the health and wellbeing of the customer can be determined and unnecessary hospital readmissions can be avoided.
Case study 1

Mrs EK was admitted to Roseberry Mansions from The Royal Free hospital (RFH) as she had fallen in her home. Before admission to the RFH she could only mobilise independently with a two wheeled frame, and was housebound. She was supported by a carer for personal care, and her brother completed all other care tasks. Her brother lived in a separate flat but he spent most of his time with Mrs EK.

Mrs EK was very anxious on the hospital ward, partly due to being separated from her brother who she trusted and depended on. As a result she was helped by two members of staff.

Mrs EK’s brother was receiving an reablement service at Roseberry Mansions due to separate health issues. It was assessed that Mrs EK’s anxieties would be significantly reduced by being in the same location as her brother, which would facilitate staff helping her rebuild her confidence in her mobility and reduce the risk of further falls.

Mrs EK was willing to participate with the reablement process as a result. With encouragement, her work with the physiotherapist significantly improved her mobility. Initially she needed the support of one member of staff, but eventually could mobilise independently which increased her level of independent personal care. However, the occupational therapist identified that she would not be able to do simple tasks such as making a cup of tea or all necessary personal care. The team assessed that if Mrs EK was to return home without her brother her anxieties would return and there would be a risk of repeated hospital admissions.

The team decided to offer them both placements at Roseberry Extra Care service in the best interests of the safety and dignity of both Mrs EK and her brother. Mrs EK and her brother live independently in the same environment while getting the support they need, while avoiding potentially inevitable and avoidable hospital admissions or long term residential care.

Prevent or delay the need for residential or nursing placements

The needs profile of the customers at the Roseberry Mansions Reablement Service varies significantly. An initial model assumed 20 hours of support a week. However, as the service has developed and confidence in its efficacy has increased, the service is able to distribute its 200 care hours a week flexibly to allow more challenging cases with higher initial care packages to be accommodated in the reablement service. As a result of this confidence, the service has begun to accept more challenging cases.
The Roseberry Mansions Reablement Service is effectively delaying long term nursing care placements. In fact, as in the example above illustrates, the service is actively reversing inappropriate placements.

Enabling customers to return home

Multidisciplinary team

The benefits of collaborative multi-agency working are manifold. Customers receive a responsive, focused service which delivers the most effective and enabling support interventions, improving their skills and building confidence. NHS, adult social care and social service staff are allocated to Roseberry Mansions meaning the team is stable and the support experience is more consistent for customers. Relationships between staff and customers become richer and more effective as a result, to the real benefit of the customer’s reablement journey.
Case study 3

Mr DG was referred to Roseberry Mansions Reablement Service after a lengthy time in hospital. He had ulcers on his legs, which were taking a long time to heal. This significantly affected his mobility and made him prone to falls. His life skills were poor and needed full support for all meals and housework. Mr DG was accepted to the service for a six week period.

While Mr DG was at the service he received help from the district nurses with his ulcers, as well as support from a physiotherapist and occupational therapist. Support staff also supported him to achieve his goals.

Mr DG was very soon able to dispense and medicate himself, including using the blister system for his ulcers. His mobility improved, advancing from using a zimmer frame to a walking stick. He could move greater distances and manage stairs unsupported. His confidence in his abilities meaningfully improved, and he was able to make a cup of tea and prepare meals. He was also able to do his housework unsupported. All this was achieved by Mr DG and the team within two weeks, at which point he was ready to go home.

Before Mr DG left the service, the occupational therapist visited his home with him to ensure that he would be able to manage on his return. The OT recommended some adaptations and made sure that they were in place before he left the service. Mr DG is now at home and living independently with a reduced care package.

The staffing models also present significant efficiencies for our partners. For instance, occupational therapists and physiotherapists are able to attend to a focused number of patients, reducing their travel requirements.

Exceeding expectations

The success of the service in enabling customers to return home exceeded initial expectations. Almost three quarters (72%) of customers either returned home following the stay at the reablement service or were rehoused in more appropriate housing, either sheltered or extra care housing. Five of the eight customers in the service were waiting for similar move-on.

Additionally, more than a quarter (28%) of customers who returned to independent living have benefited from a reduction in their care package.
Savings to the NHS

It is challenging to quantify the full extent of the financial efficiencies offered by the Roseberry Mansions Reablement Service because we are not able to determine with absolute certainty the alternative placement of each customer. This makes a like-for-like comparison difficult.

However, we are able to determine that the 41 customers reviewed during the ten month evaluation period who benefitted from the six week reablement programme as an alternative to staying in hospital created a real saving of £288,695 for the NHS. This extrapolates to forecast a saving to the NHS of £1.7 million over five years based on the cost of an NHS bed-day at £275.¹

These figures only address the period of time that customers spent in the reablement service, and do not take in to account the fact that the service was not at full capacity, previous patterns of hospital admission, the likelihood of repeated hospital admissions, NHS late discharge fees, or the successful sustainability of our customer’s reablement. We therefore believe that the savings provided by the Roseberry Mansions Reablement Service to the NHS would in fact be significantly higher.

In addition, successfully enabling a return home and avoiding or delaying the need for residential or nursing care placements provides a significant social care saving:

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<th>Saving to social care (per person per annum)</th>
<th>Saving to social care (per person over five years)</th>
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<tr>
<td>Return home</td>
<td>£42,900</td>
<td>£214,500</td>
</tr>
<tr>
<td>Extra care accommodation</td>
<td>£3,848</td>
<td>£19,239</td>
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¹Based on an average residential with nursing care cost of £825 per week.²

Savings compared to nursing care placement

The financial efficiencies between nursing care and extra care are negligible. However, the combination of reablement and extra care provides a valuable and cheaper alternative to residential nursing placements at a time when such placements are in extremely short supply. Extra care services are more empowering and more effective at promoting independence.
Conclusions

Roseberry Mansions Reablement Service has effectively achieved the objectives that were originally set out for it.

More than half (57%) of the reablement service referrals are received from hospitals. The service contributes to relieving the NHS’s bed-blocking problem by enabling patients to be discharged to an appropriate and constructive programme earlier than would have been otherwise possible. As well as the clear advantages for the NHS, the reablement service gives real quality back to customers’ lives by relieving negative anxieties and rebuilding skills and abilities for independent living. The beautiful and homely environment at Roseberry Mansions and the high level of expertise in the unique multidisciplinary staff team that provide the tailored interventions significantly contributes to the customer’s reablement journey.

As a result 72% of our customers returned home, or to other appropriate accommodation such as sheltered or extra care services. More than one in four (28%) of those who returned home did so with a reduced care package. This success and the confidence in the service means that it is able to deal with more challenging cases and affect even more valuable outcomes. The average support hours per customer are now 25, a rise from the initial 20 hours assumed for the model. The service is actively reducing the demand for long term residential or nursing care placements which are in such short supply. In some cases, the service is reversing inappropriate nursing care placements and enabling customers back into more independent living.

The savings that Roseberry Mansions Reablement Service can deliver for both the social care budget and the NHS is difficult to effectively quantify due to a lack of a like-for-like comparator. However, the customer cohort involved in the evaluation of the service over a ten month period provided the NHS a saving of £288,695 alone, which extrapolates to a forecast saving of £1.7 million over five years. This does not take in to consideration efficiencies of the onsite team, the aversion of repeated hospital admissions, NHS discharge fees or other potential savings or efficiencies. Therefore, we suggest that the savings to the NHS would be considerably higher.

The cost benefits to adults social care of customers returning to their homes in a sustainable manner instead of a move to long term nursing care equates to £214,500 per person over five years. Importantly, the service provides a valuable and effective alternative to residential and care placements which are in such short supply.

Future recommendations

We would recommend some future investigation and evaluation on two fronts:

• The recording of the onward journey of customers who benefitted from the reablement service to determine the sustainability of the reablement programme.

• A financial exercise to ascertain the full and true cost benefits of the reablement service to both the NHS and adult social care, to take in to account all relevant factors including projected customer hospital admissions, late discharge fees and onsite team efficiencies.

Due to the success of the six-week reablement service, One Housing will work with Camden Adult Social Care to pilot four Assessment Units at Roseberry Mansions. The aim of the Assessment Units will be to provide a three month reablement programme to people with more profound and longer term care needs to live as independently as possible in the most appropriate accommodation.
References


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Published April 2015

One Housing Group Limited is a registered society under the Co-operative and Community Benefit Societies Act 2014.
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