

Case Study - Brighton & Hove's re-ablement home care service, Independence at Home

Brighton & Hove's re-ablement home care service, Independence at Home, provides a six week programme to help people to regain their confidence and independence after a period in hospital, which also reduces demand on statutory services. In 2013/14, 202 people completed a re-ablement service and of these, 70 per cent were able to live at home with no or less support after receiving the service. This resulted in saving the council around £313,000.

Brighton & Hove's re-ablement home care service, Independence at Home, is one strand of the council's approach to using preventative approaches and early intervention as way of keeping people active and reducing the demand on statutory services. It comprises a six week programme to enable adults from 18 years to regain their confidence and independence after a period in hospital. After receiving this service, many people are able to continue living at home with no on-going care, and others - who still need longer-term support - to move on to other providers with 'fine-tuned' care packages that balance support with maintaining independence.

In 2009, the council carried out a review of its adult social care's function in response to the Personalisation agenda. It took the bold decision to make re-ablement the underpinning ethos of council's whole approach to assessing and providing adult services. The re-ablement approach was originally piloted in the in-house homecare service in 2009. Building on the initial successes the whole of the service was transformed from a mixed short and long-term service to one predominately focusing on short-term re-ablement. A small part of the resource was also reserved to provide a 'service of last resort' for those people who cannot be supported in the independent sector. This scaled the service to meet the council's ambition to adopt an 'open door' approach on the principle that most people, particularly those coming out of hospital, could benefit from a period of re-ablement. The service was renamed "Independence at Home".

Initially, the main challenge the council faced in increasing the scale of the operation was overcoming traditional attitudes to care among health and care professionals and among relatives and carers. Amongst the care staff, there was some initial resistance to stepping back from providing care in a hands-on, paternalistic way, and adopting a more critical approach to identifying where people could do more, and providing verbal encouragement and some challenge to help them gradually regain their independence. Many care staff found the new approach more rewarding work than traditional care, but a few others were unable to make the transition. A key part of the systematic approach was that assessment services, social workers and care managers needed to make a similar shift in thinking and help set people's expectations of the service from the outset (i.e. we will agree a programme with you, which may be challenging, to regain as much of your independence as possible.).

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Over the last five years, the re-ablement approach has become widely accepted and embedded in practice. In the last year, the council and local CCG have recognised that the boundary between Independence at Home re-ablement approaches and home-based rehabilitation (intermediate care) has become increasingly blurred, and they have taken the logical next step and brought together the two services into an integrated team with nursing, physiotherapy and occupational therapy provided by health colleagues from Sussex Community NHS Trust. Independence at Home now forms part of

broader set of jointly commissioned services known as Community Short-term Services, which includes 65 rehabilitation beds in residential and nursing homes, a community rapid response service, roving GP service, out of hours district nursing which are provided by a partnership including Brighton & Hove City Council, Sussex Community NHS Trust, Victoria Nursing Home Group, and AgeUK Brighton and Hove, and Integrated Care 24 (IC24). All of these services share the underpinning ethos and aim of maximising independence and reducing long-term dependency on services.

Full-year figures are not yet available, but early indications suggest the flow through the combined service is approximately twice the 2013/14 levels, and a greater proportion of the service users completing do not need on-going care or have reduced care needs.

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