

ESSENCE SUMMARY 9

Home care reablement for older people: economic evidence

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BACKGROUND

Home care reablement is a service to help people live independently which is provided in the person's own home by a team of mainly care and support professionals. This is distinct from home-based intermediate care, as reablement is generally led by social care professionals.

Home care reablement has been implemented by councils in England, sometimes as part of a strategy seeking to reduce reliance on ongoing care and support, in addition to reducing hospital admissions.

KEY POINTS

- Home care reablement helps older people do things themselves, enabling them to re-learn skills and recover their confidence to live at home.
- Studies have consistently shown that home care reablement leads to improved functioning and a decrease in dependence as well as reductions in ongoing home care.
- Across different age groups, home care reablement for older people also has a high probability of reducing costs when compared with standard home care.
- The National Institute for Health and Care Excellence (NICE) recommends that every older person referred to home care should be offered reablement if it is indicated that person would benefit from it.
- It is plausible that some people (e.g. those living alone) are less likely to benefit from reablement without additional support. Future research needs to focus on what populations should receive home care reablement and for how long.

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CONTEXT

The work presented in this summary was carried as part of a guideline by the National Institute for Health and Care Excellence (NICE)* on intermediate care (1).

Intermediate care is an area that has been given an important role in English health and care policy discussions to address the challenge of providing care and support to an ageing population. Particular attention has focused on hospitals, which may struggle to manage a high frequency of emergency admissions and to ensure timely discharge when follow-on care in the community appears not to be available. The social care sector also often struggles with growing demand and workload, which makes it difficult for them to provide follow-on care.

Care coordination between services is often lacking. Multidisciplinary services which help people recover, regain independence and continue living independently at home thus have a potentially important role in addressing this lack of coordination as well as reducing the need for such resources.

Home care reablement – like other forms of reablement – is a particular type of intermediate care. NICE recommends that every older person referred to home care should be offered reablement (if it is indicated that person would benefit from it). This recommendation was informed by economic evidence presented in this summary.

WHAT IS HOME CARE REABLEMENT?

Home care reablement is a form of reablement. It is often defined as a type of intermediate care since it is time-limited, multi-disciplinary and often provided after hospital stay.

Features that distinguish reablement from most other forms of intermediate care include actively engaging the person in activities of daily living and focusing on increasing a person's agency to do things independently. Reablement often combines characteristics of more clinically focused, therapeutic care with those of social care.

Home care reablement is typically provided in the person's home. It offers an initial intensive period of about 6 to 7 weeks of support to older people who have been referred to home care. It is structured and focused on physical impairments and functioning, often after an illness. Reablement is, however, also person-centred and includes

personal goal setting. Goals are linked to what a person wants to achieve, and strategies for how those can be met are discussed and implemented together. The focus is on teaching people techniques that enable them to re-learn skills and recover their confidence to live at home.

Home care reablement consists of or promotes one or several of the following elements:

- strength and balance
- endurance and falls prevention
- self-management support with a focus medication, continence, nutrition
- use of assistive technologies
- social support
- other aspects of chronic disease.

* www.nice.org.uk

IS HOME CARE REABLEMENT EFFECTIVE?

Studies from different countries have investigated the outcomes of home care reablement compared with standard home care (2-4). Their findings suggest home care reablement may lead to a decrease in dependence, measured by activities of daily living scores, and an increase in self-perceived activity performance and satisfaction with performance. Nonetheless, the impacts of home care reablement on health outcomes – such

as quality of life - have been more difficult to establish (3-4). In terms of its impact on service use, studies have found that home care reablement can lead to reductions in ongoing home care and possibly in hospital admissions (2, 5, 6). Whilst it has been claimed that reablement can reduce or delay the need for care home admissions, there is currently insufficient evidence to support this.

WHAT DO PEOPLE SAY ABOUT HOME CARE REABLEMENT?

One large study evaluated newly introduced home care reablement schemes in England (7). It showed that:

- People using home care reablement and their carers perceived a number of positive benefits. For example, people using the service appreciated the emotional support and encouragement, which led them to feel more confident and motivated to engage with the process. Carers reported reductions in stress, additional time spent on non-caring activities and increases in knowledge about managing their care.
- At the same time, when the purpose and time-limited nature of the scheme were insufficiently explained, both people using the service and their carers had negative experiences. This included disappointments and frustrations when certain activities, such as shopping and help with the household, were not provided

and when the intervention ended with no further follow-up support. In particular, people using the service and who were living alone felt that the service did not meet many of their needs, especially social contact and emotional support needs.

However, because the study was carried out soon after the introduction of reablement schemes and there had been various implementation challenges, it is possible that views of service users and carers might be different once services are fully up and running.

Experiences are also likely to depend on the availability of other support including from family, friends, neighbours, communities and other public services. Additional international evidence has shown that reablement is generally well received by users and carers (8).

IS HOME CARE REABLEMENT COST-EFFECTIVE?

To our knowledge, only one English study (mentioned earlier) has looked at the overall cost-effectiveness of home care reablement (7). It showed that it has a high probability of cost-effectiveness (based on changes in health-related quality of life). The study had limitations, which means it is more challenging to know if changes in

outcomes and costs were because of home care reablement or because of differences in characteristics of people. It also included various types of reablement targeted at different populations (not just older people), which made it challenging to derive conclusions about home care reablement provided to older people.

A number of evaluations that measure service use have been carried out for the Australian Home Independence Program (2, 9, 10, 11), which is based on the English home care reablement approach. Their findings suggest that reablement can reduce the need for ongoing home care and hospital admissions. However, findings on costs cannot be directly used to inform decision-making in England because service systems, utilisation rates and unit costs differ between countries. Furthermore, the reablement intervention examined was delivered over a 3-month period, whereas reablement in England is delivered over 1.5 months.

Given the limitations of the published cost-effectiveness and cost-saving data in England and lack of transferability of Australian cost saving findings to UK settings, new modelling was carried out as part of the NICE guideline

development process (12), as mentioned earlier.

The modelling study found that home care reablement had a high probability of being cost-saving. Mean cost difference per older person (over their lifetime) was £2,061 in favour of the reablement intervention. (Mean costs per person were £56,499 in the reablement group, and £58,560 in the standard care group.) The probability that home care reablement was cost-saving was even higher when the intervention was targeted at older populations (people aged over 75).

The authors of the economic evaluation concluded that home care reablement can be part of a successful, cost-reducing strategy in an ageing society (12). However, more research is needed on who should be getting the intervention, how often and for how long.

WHAT IS THE QUALITY OF EVIDENCE ON HOME CARE REABLEMENT?

A wide range of studies have been carried out internationally to evaluate the outcomes of home care reablement. However, many have weaknesses in study design and refer to service models different from those offered in England. The study summarised here is a modelling study specifically focused on the English context. Modelling involves combining data from different sources of evidence, which requires making assumptions about their relevance and how they

relate to each other. Although this may not be the ideal study design, the findings were in fact robust to a range of sensitivity analyses, and the general approach was to make conservative assumptions. Nonetheless, the costs included in the study were limited to those of reablement, home care and hospital admission, and it is possible that there are impacts on other costs, especially those linked to unpaid care.

HOW IS HOME CARE REABLEMENT IMPLEMENTED?

Based on the findings from the economic modelling and additional evidence (some of which is presented in this summary), NICE made the following recommendations:

- If it is judged that reablement could improve independence of older people being considered for home care, the intervention should be offered as a first option.
- Reablement should be considered for people already using home care as part of the review

or reassessment process. This may mean providing reablement alongside home care.

- Staff should consider the care recipients' needs and preferences when considering reablement and work closely with the home care provider.

For almost a decade, the government has shown a firm commitment to scaling up reablement services in England (13). For example, there has been a yearly investment of an additional £100

million in NHS funding for various reablement programmes (14, 15). As in many other high-income countries, the wide roll-out of reablement schemes has been seen as an important part of a drive towards integrated, personalised care and a shift of care from institutions to the home. In England, the strongest policy driver for this movement has been cost-containment.

Unlike other home care services, English local authorities cannot charge adults for the first six weeks of the reablement service. This can lead to the interpretation that reablement is six weeks of free care, but there is no statutory duty to provide six weeks of reablement, and there is an immediate cost saving to local authorities to providing it for shorter periods. There is currently no evidence about how long reablement needs to be provided in order to be cost-effective for different populations.

It is possible that a narrow focus on costs had negative consequences on the effectiveness of reablement in practice. A National Audit on Intermediate Care reported that reablement services were less likely to set personal goals with people using the service than other types of intermediate care services (16). This is surprising since personal goal-setting is one of the key components of reablement. This could suggest that schemes are not always implemented in their intended ways. This may be explained by expectations or pressures placed on reablement schemes to substitute other services.

It also possible that reablement is not suitable for everyone. Specifically, people living alone might need additional or different support. Furthermore, it is possible that the 6 to 7 weeks target for reablement set by the English government has had negative consequences, since some people are likely to require longer periods to optimise their independence.

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