Tower Hamlets Health Scrutiny Sub-Committee

Reablement Service Scrutiny Review

April 2017

Chair's Foreword

I am pleased to present this report which explores the challenges facing the Reablement Service in Tower Hamlets. An effective Reablement Service is beneficial for residents, local authorities, and the NHS as it assists individuals to lead full and independent lives whilst reducing the overall cost of provision. Reablement can play a decisive role in helping people to regain their independence and maximising their health and wellbeing following hospitalisation or ill health. It can also reduce the amount of time a person needs to stay in hospital, therefore aiding faster recovery and preventing deconditioning.

It is also clear to me that a commitment to providing an effective Reablement Service is not only beneficial to clinical outcomes and residents' health and wellbeing, but also provides opportunity to make savings at a time of public sector funding cuts. Reablement can help to ease the financial and capacity pressures placed on both Local Authorities and the NHS through decreasing the need for hospital admission, decreasing the need for long term care packages, and appropriately reducing the level of ongoing home care support required. These financial pressures are driving services to identify opportunities to work in different and innovative ways. The Discharge to Assess pilot programme, for example, demonstrates that financial savings can be achieved through greater integration between health and social care. However as programmes like these drive savings in the NHS, I hope appropriate funding flows through to local authorities who will be picking up the extra work in the community.

Although there are a lot of things our Reablement Service does well, there is always room for improvement. We do not work with our third sector partners as productively as we could, and there are sometimes issues with the way the service communicates its aims with service users and their families. Whilst we work closely with the NHS on many parts of Reablement and related packages, there is still some work to be done to establish true partnership working. Too many patients are being discharged too late in the day, without proper preparation or medications. This is having an impact both on patient dignity and on the Reablement Service's ability to manage demand and use its resources effectively.

This report therefore makes a number of practical recommendations for the council and its partners for improving the service. The recommendations focus on improving communication and training to increase awareness of the service, improving the hospital discharge process, better utilisation of the third sector, the Reablement Service performing a social prescribing or commissioning role, and better performance monitoring during the first week after discharge.

I would like to thank all officers and external speakers that contributed to the review, especially Cath Scholefield (Lead for New Models of Care) and Paul Swindells (Reablement Team Manager) for providing their support and

knowledge to the review, and officers from Greenwich Council for providing us with their time and insight of good practice in the service. I am also grateful to my Health Scrutiny colleagues for their support, advice and insights.

Councillor Clare Harrisson
Chair of the Health Scrutiny Sub-Committee

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1. Recommendations

Recommendation 1: That the Reablement Service delivers additional training to social care staff in strength based practice to ensure they are able to convey the aims of the service and the reablement approach positively to service users and their families/carers.

Recommendation 2: That the Reablement Service works with Real to review cases where concerns were raised, and use this information to improve service delivery for disabled service users via tailored training for specific teams or individuals in association with Real.

Recommendation 3: That the Reablement Service develops a communications plan linked into the launch of the new integrated single pathway to educate the community on the role and aims of the Reablement Service so they are better advocate for themselves, and identify and challenge poor practice.

Recommendation 4: That the Reablement Service explores options to provide emergency provision for supplies through pre-payment cards and food vouchers to assist those who are discharged from hospital into the service.

Recommendation 5: That Barts Health reviews its discharge procedures so that all patients are provided with dosette boxes when they leave hospital and medication is accompanied by a Medicine Administration Record (MAR) chart.

Recommendation 6: That Barts Health reviews its discharge planning process to ensure that the appropriate quantity of correctly fitted continence pads are provided to the at the point of discharge.

Recommendation 7: That Barts Health reviews its discharge planning process to ensure that discharge does not take place at the end of the week without advance communication to the Reablement Service, allowing for better planning that takes account of service users full range of needs and smoother handovers.

Recommendation 8: That the Reablement Service reviews service user data to identify which hospital wards require further training to educate staff members on the purpose of the Reablement Service, its referral pathways and how it aligns with other rehabilitation provision.

Recommendation 9: That the Reablement Service examines the procedures for liaison with environmental health so that response times to address issues faced by some patients upon discharge, such as bed bugs, are improved

Recommendation 10: That the Reablement Service improves its engagement with service users by working with the Third Sector to help strengthen the transparency of its performance monitoring process, including closer involvement of the OPRG.

Recommendation 11: That the Reablement Service establishes procedures for contacting service users by phone or in person within 24hrs of discharge to ensure they are safe and have no immediate issues about their care and support.

Recommendation 12: That the Reablement Service learns from observed good practice in Greenwich and introduces a questionnaire for all Reablement service users within the first 5-10 days after discharge from hospital.

Recommendation 13: That the Reablement Service learns from observed good practice in Greenwich and explores how they could use ICT systems to improve the coordination and efficiency of staff planning and rostering

Recommendation 14: That the Reablement Service explores options to link the Reablement Service into existing mental health provision to provide more integrated physical and mental health support as part of the six week reablement intervention.

Recommendation 15: That the Reablement Service explores the possibility of performing a social prescribing or commissioning function to refer people on to appropriate community support/activities at the end of its formal intervention.

Recommendation 16: That the Reablement Service develops a forum to share information on ongoing projects, available services, and opportunities for partnership working between the third sector and statutory services, perhaps building on the multi-agency meetings of each of the GP localities

Recommendation 17: That the Reablement Service explores options to train formal and informal carers and volunteers to support the reablement process and promote the principles of recovery and independence.

Recommendation 18: That the Reablement Service reviews how social care staff introduce reablement positively to residents and their families and examines how the annual re-assessment procedure for people with long term care packages to establish how reablement may assist service users.

2. Introduction

2.1. Over the course of 2016-17 the Health Scrutiny Sub-Committee has taken a thematic approach to its work programme and focussed on issues relating to the access of health and social care services in Tower Hamlets. As part of this, the Sub-Committee identified the performance of the council's Reablement' Service as the subject for a Scrutiny Review, as it is a key gateway into the social care system from both acute and community health services. The ever increasing pressure on the NHS and adult social care arising from the needs of a growing, older population and continued public spending restraint, means the performance of the Reablement Service is an issue of major importance to the sustainability and effectiveness of the boroughs social care services.

2.2. The Reablement Service offers a short-term, six week Occupational Therapy-led intervention that supports people to regain their abilities to manage everyday tasks following an accident, ill health, disability or a stay in hospital, enabling them to live as independently as possible in the community. This has significant benefits for a person's health and wellbeing and allows the council to concentrate its limited resources on those who have eligible needs for care and support.

2.3. National evidence suggests that supporting early and safe discharge from hospital into a reablement-type service delivers better outcomes for individuals when compared to longer periods of hospitalisation or immediate transfer into domiciliary care. It is also cost effective for health and adult social care services, both reducing pressure on bed-capacity in the acute sector and the need for large packages of ongoing community or institutional care.

2.4. The Sub-Committee wanted to review the performance of the Reablement Service in Tower Hamlets to understand whether the current service offers accessible and effective care, and determine whether this is delivered to the right people, in the right place and at the right time. Moreover the Sub-Committee wanted to review the service user experience to ensure it was supportive, safe and compassionate. The review is underpinned by four core questions:

- How is the Reablement Service delivered and how does it perform in Tower Hamlets?
- What is the patient experience for residents of Tower Hamlets being supported by the Reablement Service?
- How do partner organisations view the Reablement Service in Tower Hamlets and what level of integration exists across services?

- How does the Reablement Service in Tower Hamlets compare to London and national benchmarks, and what can be learnt from areas of good practice in London?

2.5. There are a number of reablement and rehabilitation pathways delivered in the borough, including the Admission Avoidance & Discharge Services, Community Health Teams (including Physiotherapy and Occupational Therapy led rehabilitation), Elderly Care Rehabilitation Services, and Specialist Rehabilitation Services such as stroke rehab for patients after an acute stroke and cardiac rehab and heart failure services. There are many issues identified in this report which are applicable across all of these services, including the experience after the first week of discharge, housing adaptations and environmental health issues such as bed bugs. Whilst the scope of this review explicitly covers the LBTH Reablement Service, the Health Scrutiny Sub-Committee wish to use this review as a proxy for the other services and hope to apply the learning and recommendations from this review to other services where applicable. *See appendix 1 for a detailed breakdown of the services provided by each of these services.*

2a) Review Approach

2.6. The review was chaired by Councillor Clare Harrisson, Chair of the Health Scrutiny Sub-Committee and supported by Daniel Kerr, Strategy, Policy and Performance Officer; LBTH.

2.7. To inform the Sub-Committee's work a range of meetings and evidence gathering activities were undertaken between January 2017 and February 2017. These included:

- **26th January 2017**

  The first evidence session set out the context to the review, including an overview of local needs and demand for the Reablement Service. Service managers from Reablement met with the Sub-Committee to detail the role and aims of the service, how it is delivered in Tower Hamlets, and how it performs compared to London and national benchmarks.

- **6th February 2017**

  The second evidence session invited key local health partners to share their views on the Reablement Service, including both commissioners and health providers. Colleagues from the Tower Hamlets Clinical Commissioning Group, Bart's Health Trust, Tower Hamlets GP Care Group, East London Foundation Trust, LBTH Occupational Therapy, and LBTH Housing all offered their perspectives on the service and participated in a discussion that focused on the level of integration across partner organisations,

highlighted gaps in the current provision, and identified possible actions for service improvement.

- **16th February 2017**

  The third evidence session invited service user groups to share the experiences and views of people who have been through the Reablement Service. Real, a local disability advocacy organisation, provided insight on the experience of disabled people who are often referred to the service as part of the process to reassess their care package. AgeUK East London, which offers support to elderly people in both the hospital and the community, shared their views on the care and support needs of the 65 and over group. The Carers Centre and the Older People's Reference Group both provided written submissions of evidence detailing the views of their clients and, in addition, the Sub-Committee worked with Healthwatch Tower Hamlets to contact and interview 14 service users who had left the Reablement Service in the last three months.

- **23rd February 2017**

  A site visit to meet with officers from the London Borough of Greenwich Reablement Service was conducted. The Greenwich Reablement Service has been identified as an example of good practice and the Sub-Committee visited with them to learn how they achieve successful outcomes for residents, minimise demand for ongoing care and support, and how their residents feel about the service they receive.

  A site visit to meet LBTH reablement officers. Reablement officers discussed their experiences of working with services users, key partners in the hospital and in the community, and detailed the challenges they face in their role.

  A final meeting of the Sub-Committee and key partners to review the evidence collected as part of the review and discuss the findings and recommendations.

2.8. Health Scrutiny Sub Committee Members;

Councillor Clare Harrisson	Health Scrutiny Sub-Committee Chair
Councillor David Burbidge	Health Scrutiny Sub-Committee Member
Councillor Sabina Aktar	Health Scrutiny Sub-Committee Member
Councillor Peter Golds	Health Scrutiny Sub-Committee Member
Councillor Muhammad Ansar Mustaquim	Health Scrutiny Sub-Committee Member
Councillor Abdul Asad	Health Scrutiny Sub-Committee Member
David Burbidge	Health Scrutiny Co-Opted Member

The panel received evidence from a range of officers including;

London Borough of Tower Hamlets

Cath Scholefield	Lead for New Models of Care
Brian Turnbull	Interim Service Manager – Community & Hospital Integrated Services
Gill Beadle-Phelps	Service Manager – Community & Hospital Integrated Services
Paul Swindells	Team Manager - Reablement
Alex Hadayah	Head of Integrated Occupational Therapy Services
Martin Ling	Housing Strategy Manager
Helen Sims	Senior Occupational Therapist
Siobhan Davey	Occupational Therapist
Julie Archer	Occupational Therapist
Saleh Abed	Independence Planner
Ann Marie Bacchus	Independence Planner
Leyla Maxamed	Reablement Officer
Masum Bhuiya	Reablement Officer
Laura Ayles	Reablement Officer
Gulam Hossain	Reablement Officer
Bibi Mohabeer	Reablement Officer
Masad Miah	Reablement Officer

London Borough of Greenwich

Claire Northover	Service Manager for Hospital Discharge Team
Steve Martin	Team Manager Hospital Discharge Team
Elaine Maunsell	Scheduling and Support Officer
Janet Bennett	ICAH Reablement Manager

External Partners

Rahima Miah	Integrated Commissioning, Tower Hamlets CCG
Richard Fradgley	Director of Integration, East London Foundation Trust
Phillip Bennett-Richards	Chair of Tower Hamlets GP Care Group
Claire Hogg	Director of Community Health Services and Mile End Hospital

Service User Groups

Karen Linnane	Delivery and Development Manager, Real
Chris Tymkow	Project Coordinator, The Royal London Home & Settle service, AgeUK East London
Neil Hardy	Director, Carers Centre
Diane Hackney	User Involvement Coordinator, Older Peoples Reference Group
Dianne Barham	Chief Officer, Healthwatch Tower Hamlets

3. National context

3.1. Reablement was first set out as a concept in 2006 in the Department of Health's '*Our Health; Our Care; Our Say'* strategy, which aimed to deliver the then Labour Government's vision of more effective community health services. This vision was based on five priority areas: more personalised care, services closer to home, integration between health & social care services, increased patient choice and a focus on prevention rather than cure. This was followed by the 'Putting People First' White Paper in 2008 which promoted a shared vision for the transformation of Health and Social Care based around the aims that people stay healthy (prevention), receive rapid and timely support (early intervention) and are helped to get back on their feet after an illness and to do as much as possible for themselves (reablement). In 2010, 'Think Local; Act Personal' was introduced and established a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support. The partnership includes central and local government, NHS, the provider sector, and people with care and support needs, carers and family members.

3.2. The Care Act 2014 introduced by the Coalition Government replaced much of the preceding social care legislation and underpins the council's reablement practice. It promotes wellbeing for individuals and their families, promotes personal resilience, and places a duty on local authorities to prevent and delay ongoing need for formal care. Furthermore, it formalises the integration agenda as it ensures that care and support services work together with health colleagues. Specifically the Care Act mandates local authorities to provide reablement for free, for a period of up to six weeks.

3.3. Reablement is an area which is seen as critical to a sustainable adult social care system as it helps people to get back on their feet and regain their independence, reducing social care costs and the burden placed on hospitals. Performance statistics from across the UK support this, for example, in Kent, 90 per cent of clients required no further long term support packages following a reablement intervention, whilst equivalent figures in Tyneside were 68 per cent, and in Greenwich 60 per cent. In 2013, Southwark reported that their social care costs reduced by 40 per cent as a result of Reablement Service intervention.

3.4. Reablement services are a significant part of the health and social care integration agenda. The Better Care Fund (BCF) is the Government's primary funding mechanism for the integration of health and social care, and it is intended to shift resources out of hospital into community services. Nationally the effectiveness of integrating health and social care, and the importance of the reablement service, can be seen through the impact of the BCF, which in its first year of operation saw the proportion of older people who were still at home 91 days after discharge from hospital

into reablement or rehabilitation services increase to 82.7 per cent, exceeding the target of 81.9 per cent.

3.5. Improving support for older people at home, either to prevent hospital admission (or readmission) or to facilitate discharge when they are ready to leave hospital is key to patient flow and ultimately to delivering the four hour A&E waiting times target. Delayed transfers of care (DTOC) have increased substantially over the past three years and have contributed to a shortage of hospital beds in a number of NHS Trusts. This is a significant issue which is costly to the NHS and impacts on hospitals capacity to admit emergency A&E patients and treat patients effectively. A DTOC occurs when a patient is ready to depart from their current care setting but is still occupying a bed. In 2016 there were 2.16 million 'delayed days' due to delayed transfers of care – an average of just under 6,000 each day. This was 23 per cent higher than in 2015 and 56 per cent higher than in 2011. Delayed transfers of care involving patients with both health and social care needs are occurring with increasing frequency. Between December 2013 and December 2016, the number of delayed discharges from hospital attributable to local authorities (or jointly to local authorities and to the NHS) rose from 36,000 (32 per cent of all delayed transfers of care) to 86,000 (44 per cent). The majority of delayed discharges in 2016 were as a result of people awaiting a care package in their own home, or awaiting nursing home placements. Delays in both of these categories have risen by over 40% in the last year alone.

4. Local context; background to LBTH Reablement Service

4.1. Tower Hamlets has seen the largest population growth of any area in the country over the last 10 years, increasing by 27 per cent and this trend is projected to continue over the next decade with the borough's population expected to grow by a quarter to 2024, the largest increase in England. There is likely to be an increased demand for adult social care from all sections of the population as it continues to expand. Evidence shows that people aged 65 and over are the highest users of the Reablement Service in the borough and, significantly, in 2014-2015 there was a higher rate of hospital episodes per 100 people (91.76) in Tower Hamlets residents aged 65 and over than in London (84.10) and England (80.30). In 2015, there were 16,700 older people in Tower Hamlets, which represents 5.8 per cent of the Tower Hamlets population and this is projected to increase over the next 15 years to reach 7 per cent by 2030. However, the increase in healthy life expectancy in Tower Hamlets has not kept pace with improvements in total life expectancy. This means that if the extra years of increased longevity are mostly spent in poor health and disability, there will be an increase in demand on services across all client groups.

4.2. Within Tower Hamlets the work of the Reablement Service is linked to a number of strategies. The Reablement Service is crucial for helping the council to deliver its strategic priority of 'supporting more people living

healthily and independently for longer'. The council's Strategic Plan sets out a series of actions to improve care and support for vulnerable adults and their carers, integrate with health services, promote independence, and keep people safe from all forms of abuse. Additionally, the work of the service is linked to the ambition set out in the refreshed Health and Wellbeing Strategy to 'develop an integrated system'. The service will also link into the LBTH Aging Well strategy which is currently being developed. The Aging Well strategy aims to enhance the health, wellbeing and quality of life of people growing older in Tower Hamlets to ensure they are able to retain their independence and dignity with the assistance of family, friends and community services.

4.3. The Reablement Service will perform a critical role in the delivery of the NHS Transforming Services Together programme (TST). TST is a joint partnership programme between Newham, Tower Hamlets and Waltham Forest CCGs and Barts Health NHS Trust, which responds to the challenges posed by the changing healthcare needs of the population. It aims to improve and modernise healthcare services across the three boroughs by addressing inequalities, helping patients take control of their own health, and tackling the problems faced by health services across the area. As part of TST there is an aim to reduce the number of inpatients and shorten the length of stay for vulnerable people. In order to respond to these changes and ensure they are successful, community care and social services need to be able to safely and effectively support patients back into community settings.

4.4. The role of the Reablement Service is currently under operational review and is being redesigned as part of the Tower Hamlets Together (THT) Vanguard program. The Vanguard brings together commissioners and providers of acute, community, mental health, social care and primary health services to create a joined up approach that combines the resources of different local organisations. This will improve patient experience by allowing for a more personalised approach to health and social care, and help reduce pressure on the system through better coordination of services. In regard to Reablement, the driving aspiration of Tower Hamlets Together is to reshape the separate reablement and rehabilitation services into an integrated pathway which is easier for everybody to understand and that better utilises resources.

4.5. The LBTH Reablement Service is a large service with 66 members of staff (58.65 FTE) and a budget of £2.4 million in 2016/17, which is funded through the BCF. Reablement officers are trained up to NVQ diploma Level 2 and NVQ diploma Level 3 in Health and Social Care. A number of staff members are contracted to Barts Health but are embedded in the Reablement Service. If all staff members have full rosters the service is able to ensure it is supplemented through the domiciliary care contract. Support is also provided to service users out of hours through a dedicated support service.

4.6. A CQC inspection of LBTH Reablement Service in September 2016 rated the service as 'Good' overall. The service was rated as good in four out of five CQC lines of enquiry; safe, effective, caring, and responsive. In the final category which inspected whether the 'service is well led' the service was rated as 'requires improvement,' however this was because of a failure to formally notify the CQC of administrative and regulatory incidents and is not reflective of problems in leadership or performance. The inspection recognised that there were good support structures in place and the service worked well together as a team.

4.7. The majority of service users are aged 65 and over. From April 2016 to December 2016 508 out 640 (79 per cent) service users were aged 65 and over. Those with new disabilities tend to be younger and they often experience traumatic injuries or neurological conditions and are more likely to go through a rehabilitation pathway. There were 368 female service users, and 265 male service users (7 service users gender were unknown). The majority of users were white British (305), with Bangladeshi users representing the next highest client group (154).

4.8. A key performance indicator for the service is the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement or rehabilitation services. In 2015-2016, 79 per cent of older people were still at home 91 days after discharge from hospital into reablement or rehabilitation. This was below the London (85 per cent) and national (83 per cent) averages; however this has increased to 89 per cent for Q1 2016-2017. The other key measure for performance is the proportion of older people discharged from hospital offered reablement services. At 3 per cent Tower Hamlets is in line with the national average; however it is marginally below the London average (4 per cent). Furthermore, in 2015-2016, 262 out of 372 (70 per cent) new service users (new to social care and without any established support plans in place) had no long-term support needs following their time with the reablement service, demonstrating the effectiveness of the service's interventions.

4.9. Demand for the service is increasing. Currently there are 800-900 referrals per year (averaging 71 per month) and this has been increasing since October 2016. The service is forecasting almost 600 independence plans in 2016/-2017 (when a completed assessment is performed) and this will represent an increase of 10-15 per cent on the previous year. There has been a 50 per cent increase in referrals from Hospital Social Work Teams since July 2016, although this can be explained to some extent by a new pilot project from health called 'Discharge to Assess.'

4.10. 'Discharge to Assess' aims to enable patients who have been deconditioned as a result of their admission to the Royal London Hospital to return home and receive a period of up to six weeks integrated Rehabilitation and Reablement. This supports NHS partners to reduce delayed discharges, therefore freeing up bed capacity, and enables people to return to independence at home rather than in hospital. This was a pilot project and it aimed to provide a much more accurate assessment of the

service users' needs, taking into account the fact they have been deconditioned by their hospital stay and that their starting point is not a true reflection of their long term care and support needs.

4.11. This scheme involves a team of nurses, physiotherapists, and occupational therapist (run by Barts Health) and reablement officers. The pilot scheme achieved a number of positive outcomes, with reductions to the cost of commissioning, reduction in the readmission rate (none of whom were readmitted for the original reason they were in hospital), and positive service user feedback. Barts Health is looking to extend this pilot.

4.12. Housing and Planning services have expertise in developing adaptable new housing stock and Occupational Therapists and surveyors work with residents to adapt existing housing stock wherever possible. Further developments of these services are included in the Ageing Well strategy. Therapists try to install quick fixes as soon as the person goes home such as disability equipment, assistive technology and ramps so that the person can begin their reablement immediately. Longer term adaptations can then be considered once the person has completed their period of Reablement and their level of ongoing support can be assessed.

4a). How is the LBTH Reablement Service currently delivered

4.13. The current pathway into Reablement is via the two social care access points; the Royal London Hospital and the community based access service (Assessment and Intervention Team). Often, when people are referred from hospital there is a need for reablement at the point of discharge and when this is the case, the service aims to ensure that reablement support is in place within 24 hours.

4.14. There are significant differences in the referral criteria across the country. In Tower Hamlets the referral criteria is relatively open, with the only people excluded from the service being people who are at end-of-life, people who need rehabilitation before reablement can take place, and people with no potential to be re-abled. As there is a flexible eligibility criteria it means the service works with people with complex disabilities.

4.15. Once a referral to the service has been made, a robust functional assessment is performed by Occupational Therapists, Independence Planners, or Trusted Assessors in order to understand and accurately assess the needs of service users. This is an objective assessment of what the person is able to do through providing them with tasks and tests to perform. The assessments identify the support and treatment required for people to become independent.

4.16. Based on the results of the assessment an independence plan is developed in consultation with the service user which identifies the areas that people need support with. A goal setting document is used to identify SMART goals that people will work towards to regain their independence.

4.17. The average case lasts for six weeks but this can vary and be shorter or longer depending on the user's needs. After each case closes there is a review process which includes service user feedback and if required a referral is made for long term support.

5. Findings

5.1. The Sub-Committee examined various sources of service user experience and performance information. As detailed above, members of the Sub-Committee met with patients and service user groups, officers from the London Borough of Tower Hamlets' Reablement Service, their counterparts at the Royal London Borough of Greenwich and other key partners who are integral to the health and social care integration agenda in the borough.

5.2. In presenting and summarising the findings of this review it is important to stress that the Sub-Committee heard a range of views about the Reablement Service, some positive and some not so positive. The Sub-Committee was able to access this feedback as the service offers every user a service user questionnaire at the end of their intervention.

5.3. In general, users tended to agree that the service fulfilled its primary function, with 91% agreeing with the statement 'the support I get helps me to stay as independent as possible' in Quarter 2 of 2016-17 and 75% in Quarter 3.

"They worked with me... encouraged me where it was needed. They were able to see when they felt I could do a little bit more and supported me to do that, to gain that confidence…"
(Service user feedback)

"Now I can manage on my own"
(Service user with Multiple sclerosis – referred after knee replacement)

"The Reablement team help you get back on your feet, they're not there to do it for you…..slowly but surely each day you're supported do a little bit more for yourself… they're there to help me to do it for myself."
(Service user feedback)

"Two or three weeks down the line, I was actually getting up and washing myself…"
(Service user feedback)

"Staff were always friendly, helpful, and enabled me to get better. They were a great source of support through a difficult period."
(Service user feedback)

"The service was great they helped keep her independent and when she was not comfortable about doing some things they understood."
(Service user feedback from HWTH report)

"My last carer was fantastic. She helped me regain my independence slowly and encouraged me to eat even though I suffer from an eating disorder and really only like to drink shakes."
(Service user feedback from HWTH report)

"They knew where she required some extra equipment and made her feel a little more comfortable about doing things on her own with that acquired equipment"
(Service user feedback from HWTH report)

5.4. The key ingredients to the delivery of a successful reablement intervention seem to include:

- Service users being clearly informed of what the Reablement Service is so that expectations are properly managed;
- Service users being discharged at a reasonable time of day to ensure there is a coordinated and effective transition into the service and to allow for an immediate needs assessment and independence planning;
- Advanced discharge planning must take place to ensure that any housing adaptation needs or environmental health issues such as bed bugs are addressed, and so that service users leave hospital with the correct medicines.

5.5. During the course of the review some key themes came through very strongly, including: issues around hospital discharge, quality assurance checks, social commissioning, understanding of the service, clear communication, the role of the third sector, social worker training, reassessment of people with long term support needs, navigation of different pathways and the cultural approach to social care services in Tower Hamlets.

5.6. The Sub-Committee identified a number of areas for improvement that would further enhance service effectiveness and outcomes for service users:

- Navigation of reablement and understanding of provision;
- The hospital discharge process;
- Service design and improvement;
- Social commissioning and the role of the third sector;
- The approach to social services in Tower Hamlets.

5a) Navigation of reablement and understanding of provision

5.7. There are currently a number of reablement and rehabilitation pathways in Tower Hamlets which caused the Sub-Committee to raise concerns about how people are expected to be empowered and involved in making choices

about the care they receive if there is no easy comprehension of the system or accessible information about it.

Currently service users can be referred to the following:

- Reablement

- Community Health Service, which provides a combination of both nurses and therapists who deliver nursing interventions which are not specifically related to rehabilitation but have a strong emphasis on self-management.

- Admission Avoidance and Discharge Service, which provides help and support for people with intensive nursing and therapy needs who would traditionally have been admitted to, or have remained in, a hospital bed or rehabilitation bed at Mile End Hospital.

- Specialist pathways: if patients have a specific health issue which has caused them to be in hospital they will be referred to a more specific rehabilitation pathway e.g. Stroke Rehab Team, Specialist Community Neuro Team, and Cardiac Rehab Team.

5.8. Within these services, the Sub-Committee heard that teams are sometimes performing similar tasks and the Director of the Community Health Team explained that whilst there is a good relationship between the Reablement Service and the Community Health Team there is a sense of confusion among staff and patients around what service is most appropriate. Streamlining provision would help make the pathways more navigable to clients and staff, and avoid duplication within the system.

5.9. The Sub-Committee was informed that some of this work was already underway, with a review of the reablement and rehabilitation pathways currently being undertaken as part of the Tower Hamlets Together Vanguard programme. The aspiration of Tower Hamlets Together is to move the separate services into an integrated service with a single point of access, which would provide one route into community health and social services for Tower Hamlets residents. This will be easier for both professionals and service users to understand and improve resource utilisation. Work is currently being undertaken to scope out the detail of an integrated service and it is anticipated that the new integrated service will commence in April 2018.

5.10. The Sub-Committee heard a number of examples to suggest that amongst some service users there is a misunderstanding of the role of the Reablement Service. This creates unrealistic expectations about the service people will receive and therefore negatively impacts on people's outcomes and satisfaction. From their interviews with service users Healthwatch Tower Hamlets concluded that the more extensive a service

users knowledge of reablement is, the more likely they were to provide positive feedback and satisfaction.

5.11. However, despite 83 per cent of respondents to the Healthwatch Tower Hamlets interviews confirming that they were aware of the purpose of the Reablement Service, comments made when asked about whether the service h**e**lped them to regain their independence (64 per cent felt it did not) suggests many do not fully comprehend the philosophy behind the service.

"They are good. But this isn't what I need. I need to move where there are people who can take care of me. They have adapted my doors, so that's been good."
(Service user feedback from HWTH report)

"My mother in-law isn't independent I have to do everything for her. She isn't interested in being shown how to make snacks and drinks. She can do those things, she needs other support. I don't see the point of this service"
(Service user feedback from HWTH report)

"Like I said my mother in-law needs a carer and someone to take her out. I am her main carer and we asked for some type of respite care. I'm not sure what the point of this service is. When I asked the helper to do it for her she said no and said she is only here to show her. She is old and she isn't in need of becoming independent. I asked to be given a carer. I have my own ailments that need to be managed. When you ask for help they don't want to help you"
(Service user feedback from HWTH report)

5.12. As these comments suggest, some clients have a view that the service does not provide the level of intervention they think is required. This indicates that either users/carers are unaware that the service is designed to foster independence rather than provide 'Homecare' style interventions, or that they understand the reablement approach and consider it inappropriate for their needs.

5.13. The Sub-Committee concluded that further work needs to be undertaken within the community and acute settings to explain the role of the Reablement Service to patients and staff. This would help promote a more widespread understanding of reablement philosophy, but also help to explain where it fits into the wider social/community healthcare offer (e.g. it may be that a referral to Homecare is required in future).

5.14. More specific user feedback was provided by Real, which evidenced a lack of understanding of the service amongst disabled service users and how it can support their needs. There is a widespread perception amongst their users that referral to the Reablement Service is the council's way of cutting support packages and that it is not appropriately designed to support a person with limited reablement potential. For example, some disabled service users felt that that Reablement Service is ineffective for certain groups and that it is not the right setting to assess people with long term conditions/degenerative disabilities, especially where there are limits to how much they can benefit from Occupational Therapy support, adaptions, and reablement equipment.

5.15. The service reported that these issues were likely the result of a lack of confidence amongst social workers about how to perform an assessment of changing needs if there is a request for an increase in a person's care package, which is something that has historically caused some issues. In recognition of this, the service has invested a lot of time empowering social workers to feel more assured when identifying whether the reablement service is appropriate as a default pre-cursor to increases in care package, as it is clearly not a suitable pathway for all clients. In addition, there is currently a training programme underway to improve conversational technique and the language used amongst social care staff to help better communicate the empowering objectives of the service.

5.16. However there clearly remains some challenges and the Sub-Committee felt that more work was required to convey the purpose of the service and dispel negative perceptions amongst disabled service users. There is a significant programme of change for social care staff planed, which builds on the introduction of the practice framework and is moving towards a more empowering and enabling approach through the conversations that staff have with service users, with a specific focus on the language used.

5.17. Service user groups also expressed their confusion over how the system works. The Tower Hamlets Older Peoples Reference Group informed the Sub-Committee that it was not aware that the service was available for older people who are already in their homes and struggling to maintain their independence, or how to get a referral to the service. Furthermore, the Carers Centre stated that they were unclear about whether people are able to refer directly to the Reablement Service or if they have to go through the Assessment and Intervention Team.

5.18. The difficulty in navigating the reablement and rehabilitation system is also experienced by GPs. The GP Care Group informed the Sub-Committee that it is not always clear which pathway a patient is on if they've been discharged from an acute setting, or which reablement/rehabilitation service is appropriate for a community referral. Improving the flow of information about patients at the point of discharge would be useful for GPs, and better communication about the role of the Reablement Service would help GP decision making when considering a referral.

5.19. Feedback from the Healthwatch Tower Hamlets interviews with service users supports the view that there is a lack of clarity amongst GPs around referral pathways and patient's suitability for the service. The majority of respondents to Healthwatch Tower Hamlets interview were referred by the GP and Healthwatch discovered that many of these patients were elderly and felt that they needed long-term care rather than reablement. As such, many did not benefit from the service because they were too ill to regain independence or had not been appropriately advised about the remit and expectations of the service. Healthwatch concluded that with the GP referrals it was less clear that people would benefit from reablement (three

referrals were for people with mental health issues) and they were generally more negative about the benefits of the programme.

"I'm not sure why they sent them because my mother in law has mental health issues so her opportunity to be independent is very limited. They told us they will be coming for about six weeks but when they weren't any help we asked them not to come again."
(Service user feedback from HWTH report)

"The GP referred us because he has mental health issues."
(Service users feedback from HWTH report)

5.20. The Sub-Committee expressed its particular apprehension over the ability of new GPs and locum doctors to understand how the Reablement Service works and fits onto the reablement/rehabilitation pathway. The GP Care Group accepted this as a legitimate concern given the severity of GP shortages and recognised that it is easier to navigate the system and respond to patient needs if you are a regular GP with familiarity of the medical history and needs of your patient. However, the Care Group also stated that GP surgeries are moving away from this mode of working and that regardless of the duration a GP has spent in a General Practice they still have a professional responsibility to liaise with other colleagues. In practice it should not be a significant issue; especially given the integrated care programme assigns a named GP as part of a patients care package.

5.21. In light of this, the Sub-Committee feels that communication to stakeholders and key partners needs to be improved so that GPs, and colleagues at the Carers Centre and Older Peoples Reference Group, amongst others, know how the system works and how to access it.

Recommendation 1: That the Reablement Service delivers additional training to social care staff in strength based practice to ensure they are able to convey the aims of the service and the reablement approach positively to service users and their families/carers

Recommendation 2: That the Reablement Service works with Real to review cases where concerns were raised, and use this information to improve service delivery for disabled service users via tailored training for specific teams or individuals (in association with Real).

Recommendation 3: That the Reablement Service develops a communications plan linked into the launch of the new integrated single pathway to educate the community on the role and aims of the Reablement Service so they are better advocate for themselves, and identify and challenge poor practice.

5b) Hospital discharge process

5.22. Discharge from hospital is an important part of the patient pathway. Evidence heard as part of this review highlighted that effective hospital discharges can only be achieved when there is good joint working between the hospital, local authorities, housing organisations, primary care and the voluntary sector, with each having a clear understanding of their respective roles and responsibilities. Whilst the Sub-Committee heard a number of examples of this joint working happening effectively, there remains a clear need for improvement, specifically in the relationship between the Barts Health Trust and the Reablement Service.

5.23. The Sub-Committee is alarmed by a number of issues in the hospital which appear to be having a significant impact on the performance of the Reablement Service and outcomes for service users. Reablement officers reported that there is a pattern of increased risk-taking with discharges as a result of the current pressures on the hospital, which is resulting in less notice being provided to the Reablement Service of discharge, and less involvement of adult social care in the discharge decisions making process.

5.24. The chief concern of the Sub-Committee relates to the time and day that patients are discharged. The Sub-Committee heard from a number of partners, officers, and service user groups that discharge into reablement too often occurs at the end of the week, without adequate notice given to the Reablement Service. This impacts on the capacity of the service to sufficiently prepare their support package for the client, which in-turn undermines the service user experience, outcomes, and physical and mental wellbeing. There are no longer home visits by therapy staff from the hospital wards which leads to people being discharged without the hospital or relevant adult social care teams having any knowledge of the situation a person will be placed in. Consequently, reablement officers will visit a person for the first time and it will often transpire that there are no basic supplies in the house such as food or electricity, leaving the person at risk. Reablement officers informed the Sub-Committee that this often requires them to respond to emergency situations in the first 24-48 hours. AgeUK East London try to pick this up and support people being discharged from hospital but there is no formal procedure in place for this and relies on them being in the right place at the right time as somebody is being released from the hospital ward. The danger this poses to a person's wellbeing, and the challenge it places on the capacity of the Reablement Service is exacerbated when the person is released at the end of the week at a time when all essential services and shops are closing and it is far harder for the Reablement officer to get the essential provisions in place.

5.25. Department of Health and NHS guidance recognises that assessments for NHS Continuing Care and Community Care need to take place as soon as possible and well before a person is discharged. However the Sub-Committee feel that this is not happening in Tower Hamlets, or if it is it is, is not being communicated effectively to the Reablement Service. The Sub-Committee would like to see Barts Health review its discharge planning

process so that a person's full range of needs, including their physical and mental health, housing, and financial situation, are taken into consideration and communicated to the Reablement Service in advance of discharge. Where possible, the Sub-Committee would like the hospital to undertake discharge planning early and not leave it until Thursday or Friday when the Reablement Service is less able to respond effectively.

5.26. The Sub-Committee identified that some service users are being discharged without access to money, which is having a significant impact on resources. Withdrawing money from a client's account requires two Reablement officers to receive signed consent from the service user and, where somebody does not have a bank card, Reablement officers have reported needing to visit food banks to obtain groceries. Both of these are extremely time-consuming and an ineffective use of staff time.

5.27. The Sub-Committee identified the process for the provision of medication for hospital discharge as ineffective, potentially dangerous, and wasteful. The likelihood that an elderly medical patient will be discharged on the same medicines that they were admitted on appears to be less than 10%. Currently patients are discharged with a bag of medication, which is very challenging for patients who are unable to read the medication boxes and administer the correct dosage (especially for older patients or those suffering with dementia). This presents a challenge as Reablement officers are not permitted to administer medication from individual boxes without a Medication Administration Record (MAR) chart or unless it is transferred into a dosette box first. At present, it appears the pharmacy in the hospital does not issue MAR charts and there is inconsistent use of dosette boxes.

5.28. A MAR chart should accompany the medication as part of the discharge process and the Reablement Service has raised this point at discharge meetings however it is yet to receive the appropriate action or response. If a MAR chart is not provided at the point of discharge then the alternative option to allow officers to handle medication is for people to be discharged with a dosette box however this is not happening and is just as problematic to solve. The Sub-Committee feel that this is an unnecessary misuse of resources as the old medication is often taken away to be incinerated and new medication is filled into the dosette box by the pharmacy. One Reablement officer stated that the NHS procedures do not permit the hospital pharmacy to prescribe medication in dosette boxes and this was illustrated to her when she recently visited the hospital rehabilitation unit. This also very time consuming and ineffective use of a reablement officer's capacity. One reablement officer commented that in the evening when they undertake a half an hour visit it can sometimes take the duration of that visit just to support the service user to arrange their medication. In cases where the service user is released with a dosette box it makes the process far more efficient. The Sub-Committee questioned whether hospital volunteers could be utilised to assist hospital pharmacies to fill the dosette box.

5.29. Reablement officers informed the Sub-Committee that there was insufficient provision of incontinence support from the hospital, which often

leaves the people they support in a compromising and an undignified position. As it takes time to provide people with correctly fitted pads via community nursing services they are provided with temporary pads at the point of discharge, however there are not enough pads to cover the patients' needs and it takes too long for the correctly sized pads to be provided. Reablement officers who were spoken to as part of this review voiced their frustration that the fitting of continence pads is not undertaken whilst the patient is in hospital as the patient will be wearing them during their stay and the hospital will have knowledge of whether the patient will need to wear the pads when they return home. Moreover Reablement officers reported that it was particularly difficult to communicate with the District Nurse to rectify this issue as the central telephone number they are provided with does not work.

5.30. AgeUK East London reported that the main problem their service users encounter is when their reablement needs are not identified in the hospital. Many service users are not referred to reablement and only realise they require the service once they are back home. The Sub-Committee found that knowledge and understanding of the reablement and rehabilitation services available does not translate across all wards within the hospital. If patients are not on the main wards where there is a greater level of dialogue and knowledge about rehabilitation and reablement services then it can lead to patients being discharged without the appropriate discharge planning taking place. Moreover, therapy input is not available on every ward which means that they do not benefit from early discharge planning and this can lead to instances where the patients' reablement needs are not identified. AgeUK also reported that another way a patient's needs are missed is if they are moved between wards and discharged from a different ward to the one they were originally in.

5.31. There is a significant programme of ICT updates as part of the Tower Hamlets Together Vanguard programme and TST, and the ambition is for Tower Hamlets to move into greater sharing with Health during the 2017-2018. The London Borough of Newham has already begun to share data with GPs and wider health colleagues. The Sub-Committee feels that this is an opportune time to ask for the new system to incorporate a method to manipulate service user data in order to identify which wards have discharged people without the appropriate reablement package in place. This will then allow the service to track the wards in the hospital which required further awareness and tailor a training package and promotional campaign at them.

Recommendation 4: That the Reablement Service explores options to provide emergency provision for supplies through pre-payment cards and food vouchers to assist those who are discharged from hospital back home without sufficient notice.

Recommendation 5: That Barts Health reviews its discharge procedures so that all patients are provided with dosette boxes when they leave hospital and medication is accompanied by a Medicine Administration Record (MAR) chart.

Recommendation 6: That Barts Health reviews its discharge planning process to ensure that the appropriate quantity of correctly fitted continence pads are provided to the patient at the point of discharge.

Recommendation 7: That Barts Health reviews its discharge planning process to ensure that discharge does not take place at the end of the week without advance communication to the Reablement Service, allowing for better planning that takes account of service users full range of needs and smoother handovers.

Recommendation 8: That the Reablement Service reviews service user data to identify which hospital wards require further training to educate staff on the purpose of the Reablement Service, its referral pathways and how aligns with other rehabilitation provision.

Recommendation 9: That the Reablement Service examines the procedures for liaison with environmental health so that response times to address issues such as bed bugs are improved.

5c) Service design and improvement

5.32. The Sub-Committee was informed that performance is monitored in a number of ways including service user questionnaires, case audits, and regular staff supervision meetings, spot checking cases, and attending site visits with junior staff to check performance. The Sub-Committee welcomes this clear commitment of the Reablement Service to improving the service user experience and outcomes for clients, but believes that more could still be done.

5.33. All informal and formal complaints are recorded and reported to senior management and where patterns of poor performance are identified the service aims to implement changes to address this. The Sub-Committee identified public involvement in the monitoring process is a significant gap, and believe the third sector (particularly the Older People's Reference Group) should be involved with case audits to encourage greater transparency. The Reablement Service acknowledged that there is very limited engagement with service users, particularly in improving and auditing the service, and there is an opportunity to develop this for the future.

5.34. Healthwatch Tower Hamlets reported a number of experiences where patients felt as though their goals were not taken into consideration by the Reablement Service. This could mean that the service is not personalised enough, or that people's goals are not aligned with the philosophy of

independence. The Sub-Committee feel that these issues should be identified and reviewed as part of ongoing performance monitoring and case audits.

5.35. The Sub-Committee identified the first week after discharge as a crucial stage in the reablement process. It is clear to the Sub-Committee that the majority of issues, such as those arising as a consequence of the hospital discharge process, bed-bugs in the home, housing adaptions or mobility assisting equipment not being ready in time, occur during this first week and it is therefore critical to ensure that this stage of the process is delivered effectively. The Sub-Committee feels that the performance monitoring of this stage of the reablement process needs to be strengthened. The Sub-Committee suggested an additional questionnaire be introduced into the performance monitoring process which could take place one or two weeks after the service has started as the experience after the first week and the experience after three months are significantly different. A questionnaire after one week would capture the acute problems which arise at the point of discharge and the issues which arise coordinating service provision. In Mental Health there is a national requirement to follow people up within seven days with a telephone calls or a visit. As part of the integrated care programme there could be a role to follow up with all patients discharged from hospital.

5.36. The London Borough of Greenwich Reablement Service provided a number of useful areas of learning to demonstrate how the performance monitoring of patient experiences immediately following hospital discharge can be undertaken. In Greenwich they have a quality assurance officer undertake a site visit to clients within the first week to two weeks to make sure that they are happy with the service, that all provision is in place, that there has been therapist input and a quality assurance form is completed. It also allows the Reablement Service to check that the client is on the correct pathway. This does not always have to be undertaken face to face, it can also be performed over the phone. Moreover they have a diary check within the first 48 hours which involves a senior officer visiting the client to explain service and find out what the users experience is.

5.37. The Sub-Committee was informed that a Discharge Forum has been set up and the issue of people not knowing who to contact if they had a problem within he first week to two weeks in their reablement and rehabilitation was highlighted. There are some teams which have a good system in place such as the Stroke Rehab Team and Barts Health are now trying to look at replicating this for General Discharges.

5.38. The Sub-Committee also identified the ICT system in place at Greenwich as another area of good practice to be adapted in Tower Hamlets. Greenwich has the IConnect Staff Plan ICT System in place which allows them to increase operational efficiency and improve care delivery. Referrals which are made to the service are digitised and all information about service users is sent directly to officers phones. This removes the need to communicate with staff as often as was required when paper rotas were in

place and can speed up the process of relaying information from hospital to officers. It helps the service to manage capacity as they can use the system to determine workloads and it is easier to view this on a screen then on paper rotas. Moreover they are able to send reablement officers to visit service users based on their proximity which helps to reduce travel time. They have split the service into three areas, Greenwich, Eltham and Woolwich and colour coded the areas to help manage and coordinate officer's workload. This could help in Tower Hamlets as the service reported that some members of their staff are traveling for up to 2-3 hours over the course of the day.

5.39. The Sub-Committee questioned whether there is any mental health provision included in the service given the elderly composition of service users, and that many are referred to the service following a prolonged hospital stay which may have impacted on their mental wellbeing. The Sub-Committee was informed that there is currently no recognised mental health support within the Reablement Service. There are a range of officers who have both physical health and mental health training however the service is very much focused on physical health. If mental health needs are identified officers try to refer people to the appropriate mental health teams. The Sub-Committee are concerned that this is a gap in the service which could significantly impact on outcomes. Healthwatch Tower Hamlets identified this as an issue and concluded that in some cases the service did not seem to be personalised as it could have been. Unless the service is able to deal with the issue that is most important to that person at the time their experience of the service overall is going to be negative. With referral to a mental health service often requiring a waiting period before treatment the Sub-Committee feel the Reablement Service will perform more effectively if the treatment of both physical health and mental health is aligned.

5.40. Service users felt that if people with mental health issues are going to continue to be part of the reablement programme staff may need more mental health awareness training. Healthwatch Tower Hamlets found that people with mental health issues were generally more negative about the benefits of the programme.

"I'm not sure why they sent them because my mother in law has mental health issues so her opportunity to be independent is very limited. They told us they will be coming for about six weeks but when they weren't any help we asked them not to come again."
(Service user feedback from HWTH report)

"They should educate the carers on mental health issues"
(Service user feedback from HWTH report)

Recommendation 10: That the Reablement Service improves its engagement with service users by working with the Third Sector to help strengthen the transparency of its performance monitoring process, including closer involvement of the OPRG.

Recommendation 11: That the Reablement Service establishes procedures for contacting service users by phone or in person within 24hrs of discharge to ensure they are safe and have no immediate issues about their care and support.

Recommendation 12: That the Reablement Service learns from observed good practice in Greenwich and introduces a questionnaire for all Reablement service users within the first 5-10 days after discharge from hospital.

Recommendation 13: That the Reablement Service learns from observed good practice in Greenwich and explores how they could use ICT systems to improve the coordination of staff planning and improve the efficiency of staff planning.

Recommendation 14: That the Reablement Service explores options to link the Reablement Service into existing mental health provision to provide more integrated physical and mental health support as part of a six week reablement period.

5d) Social commissioning and the role of the third sector

5.41. The CCG are currently pioneering work around social prescribing is in Tower Hamlets at a primary care level, allowing GP's to prescribe non-medical things for people that need additional support. However, the Sub-Committee feel that Reablement officers are also perfectly placed to perform a similar function as they have more frequent interaction with service users and can identify issues such as social isolation and refer people to the appropriate social activities or clubs, such as lunch clubs or befriending services, especially as part of exit planning from the service. The Sub-Committee was informed that there is an acknowledgement across the council and the Tower Hamlets Partnership that there are opportunities within the voluntary and third sector which need to be explored further. There is a programme within the Vanguard which focuses on greater community engagement and is working to strengthen the relationship with the voluntary sector and the linkages need to be made.

5.42. AgeUK East London informed the Sub-Committee that they have recently been working with a GP and both were unaware of the role each other performed. There are a number of care navigators in the community that do not appear to be linked into mainstream services. The Sub-Committee feel it would be valuable to link the care navigators with the social prescribing pilot, Reablement officers, voluntary sector, and advocacy sector as an information sharing forum. There are currently four locality community boards that are led by GPs who are looking to refresh their membership. This could be expanded to become a wider care team to include everybody who is in the local area, including both the statutory and the voluntary sectors. One of the drivers for health and social care change is to work in localities more, for example the new domiciliary care contract is spread across the four sectors which also tie in with the GP primary localities, and an information sharing forum could work to a similar framework.

5.43. As the pressures placed on adult social care budgets increase, the Sub-Committee wanted to understand the implications for this on the service. The Sub-Committee were informed that the move towards self-care and community based care can support the council to be more flexible with their resources. The Sub-Committee suggested that a possible course of action is to train formal and informal carers and volunteers to support the reablement process. This may also lead to improved service user outcomes, as in many cases the success of reablement depends on the attitude of the family, not just that of the service user. It will also help to increase the service's reach and help support service users in the transition beyond the 6 week reablement period. The Carers Centre expressed their view that there needs to be better communication with the 'cared for', their carers and their advocates.

Recommendation 15: That the Reablement Service explores the possibility of performing a social prescribing or commissioning function to refer people on to appropriate community support/activities at the end of its formal intervention.

Recommendation 16: That the Reablement Service develops a forum to share information on ongoing projects, available services, and opportunities for partnership working between the third sector and statutory services, perhaps building on the multi-agency meetings of each of the GP localities

Recommendation 17: That the Reablement Service explores options to train formal and informal carers and volunteers to support the reablement process and promote the principles of recovery and independence.

5e) Tower Hamlets approach to social care services

5.44. The Sub-Committee was informed of the view that, historically, types of adult social care in Tower Hamlets were about providing a certain type of interventionist care that sometimes encouraged dependence rather than independence. The work of the Reablement Service is premised on an alternative approach, which offers service users the chance to regain their independence without ongoing, long term support.

5.45. This is indicative of the trend across the health and social care sector in the UK, although embedding this ethos is a challenge in terms of service user expectations and professional practice. The Sub-Committee was informed that there is recognition within adult social care, the council, and also across the wider Tower Hamlets Together partnership that the philosophy does need to change and that this is a key component part of the Vanguard program.

5.46. The Sub-Committee found that there is a need to encourage a culture of reablement across the local system (not just within the Reablement Service), particularly in the hospital and amongst social care providers. A

handover to a more traditional home care service might undo the progress made following a period of reablement. Reablement officers provided examples of where people who were discharged were allocated care workers who provide a high level of intervention and then shortly afterwards the reablement staff turn up with the aim to reduce dependency, however by this time the service user is accustomed to the care service. This is likely to happen when somebody who has an existing package of care goes into hospital and then is referred through the reablement pathway at discharge. It also occurs where there is not the capacity in the service on discharge to provide the Reablement officers so the next step is to set up what the hospital wants through brokerage service. The aim is to move these care packages back into the service as quickly as possible but it may be too late. This then creates the perception that reablement service's role is to cut services.

5.47. The Sub-Committee heard from reablement officers that the annual review of those on long term support is not being enforced as robustly as it should be. This leaves the council in a position where it is paying for high levels of support for somebody who is no longer in need of it. Moreover it can cause resentment in the community and create a negative attitude towards reablement as people are unable to understand why they are being supported to regain independence and not being provided with the same level of support as people who are no longer as immobile or in ill health.

Recommendation 18: That the Reablement Service reviews how social care staff introduce reablement positively to residents and their families and examines how the annual re-assessment procedure for people with long term care packages to establish how reablement may assist service users.