

Cabinet	 TOWER HAMLETS
29/11/2017	
Report of: Denise Radley, Corporate Director, Health, Adults & Community	Classification: Unrestricted
Reablement Scrutiny Report & Action Plan	

Lead Member	Councillor Denise Jones, Cabinet Member for Health & Adult Services
Originating Officer(s)	Daniel Kerr, Strategy, Policy & Performance Officer
Wards affected	All wards
Key Decision?	Yes
Community Plan Theme	A Healthy & Supportive Community

Executive Summary

This report submits the report and recommendations of the review of Reablement services in Tower Hamlets, by the Health Scrutiny Sub-Committee, and the action plan for implementation.

Recommendations:

The Mayor in Cabinet is recommended to:

1. Consider the report of the Health Scrutiny Sub-Committee and agree the action plan in response to the report recommendations.

1. REASONS FOR THE DECISIONS

- 1.1 During the 2016/17 Municipal Year the Health Scrutiny Sub-Committee is taking a thematic approach to its work programme and is looking at access to health and social care services in Tower Hamlets. As part of this, the Sub-Committee has identified the performance of the Council's 'Reablement' service as the subject for a Scrutiny Review.
- 1.2 The Reablement service offers support to residents aged 18+ when they are discharged from hospital and/or are already at home and starting to struggle with activities of daily living. The main focus is to support residents to regain or improve their independence and functioning.

- 1.3 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, by reducing the pressure on bed-capacity in the acute sector and the need for large packages of ongoing care in the community.
- 1.4 Due to the rising population of residents who are aged 65+ and on-going pressure on health and adult social care budgets, the performance of the 'Reablement' service is an issue which is of major significance to the Tower Hamlets population. Currently, Tower Hamlets benchmarks less well in terms of the number of residents discharged from hospital who receive the service and also the effectiveness of interventions (when measured by the number of people who receive the service and do not require further care).
- 1.5 This report seeks the endorsement of the Mayor in Cabinet of the Sub-Committee's review and its related Action Plan. Through the implementation of the Action Plan many of the issues identified in the review will be targeted and improved.

2. ALTERNATIVE OPTIONS

- 2.1 To take no action. This is not recommended as the scrutiny review provides an evidence base for improving Reablement services in Tower Hamlets.
- 2.2 To agree some, but not all recommendations. All of the recommendations are achievable within existing resources as outlined in the Action Plan.

3. DETAILS OF REPORT

- 3.1 The Health Scrutiny 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.
- 3.2 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?

3.3 It was clear from the evidence base presented, and through talking with Reablement staff and service users that there are a lot of positive things happening within the Reablement Service. However there are also areas which can be improved. 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.

3.4 The review 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.

The report with recommendations is attached at Appendix 1. 18 recommendations have been made:

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.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The Council's Reablement Service, which is funded from the Better Care Fund (BCF), has a base budget of £2.4m in 2017/18 and is required to deliver efficiency savings of £0.85m by 2019/20 as agreed in the 2017/18 budget approved by Full Council on the 22nd February 2017. The recommendations within this report will need to be delivered in the context of these budget reductions.

5. LEGAL COMMENTS

- 5.1 The Council is required by section 9F of the Local Government Act 2000 to have an Overview and Scrutiny Committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee may consider any matter affecting the area or its inhabitants. The Committee may also make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions.
- 5.2 Section 2 of the Care Act 2014 imposes a duty on the Local Authority to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will—
- (a) contribute towards preventing or delaying the development by adults in its area of needs for care and support;

- (b) contribute towards preventing or delaying the development by carers in its area of needs for support;
 - (c) reduce the needs for care and support of adults in its area;
 - (d) reduce the needs for support of carers in its area.
- 5.3 Section 3 of the Care Act 2014 imposes an additional obligation that local authorities must exercise its social care functions with a view to ensuring the integration of care and support provision with health provision and health-related provision where it considers that this would—
 - (a) promote the well-being of adults in its area with needs for care and support and the well-being of carers in its area,
 - (b) contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support, or
 - (c) improve the quality of care and support for adults, and of support for carers, provided in its area (including the outcomes that are achieved from such provision).
- 5.4 The Care and Support (Preventing Needs for Care and support) Regulations 2014 make further provisions relating to reablement support which is defined as a ‘facilities or resources provided by an adult... which consist of a programme of services, facilities or resources are for a specified period and have as their purpose the provision of assistance to an adult to enable to maintain or regain the ability needed to live independently at their home.’ These regulations require that the local authority must not charge the adult for any services, facilities or resources provided for the first 6 weeks of the specified period.
- 5.5 The Care Act guidance, which the local authority is obligated to follow unless there are cogent reasons to disapply, sets out additional consideration for the Local Authority when designing reablement services so as to ensure that these are able to fulfil additional duties, including the provision of information and advice under s.4 Care Act 2014, duties under s.5 Care act to promote the efficient and effective operation of a market in services for meeting care and support needs and under s6-7 to cooperate with relevant partners including health bodies. It should also be noted that, in providing these services, the Local Authority must have regard to the duty to promote the wellbeing of the individual in line with the duty set out in s.1 Care Act 2014.
- 5.6 The review explored the current offer within the borough and made the recommendations set out within this report. Whilst it will be for statutory partners to implement some of these recommendations, the recommendations reflect the duty for those partners to cooperate with the Council in fulfilling their statutory functions under s6 of the Care Act 2014. It should be noted that, under this provision, partners are expected to comply with any request, including in relation to provision in specific cases (section 7 Care Act) unless this would be incompatible with their own duties or otherwise have an adverse effect on the exercise of their functions.

- 5.7 When considering the recommendations above regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010 and the duty set out at Section 149 of the 2010 Act. This requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristics. Provision of an effective reablement service, particularly if additional consideration is given to how to address mental health as well as physical health needs, should ensure greater compliance with these duties.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The core focus of this review is on the council's approach to delivering an effective Reablement Service as part of its statutory obligations under the Care Act 2014. Reablement is available for all residents, however the significant majority of service users are aged 65 and over. This review makes a number of recommendations to ensure all elderly people in the borough are supported to be as independent as possible and have easy access to reablement services through improved partnership working with the NHS and other key stakeholders, strengthening engagement with the third sector, and improving communication to effectively convey of the role of the reablement service.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The recommendations in this report are made as part of the Overview & Scrutiny Committee's role in helping to secure continuous improvement for the council, as required under its Best Value duty
- 7.2 Many of the recommendations relate to improving early intervention and prevention activities, which have the potential to reduce demand on health and social care services in the longer term.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 There are no direct environmental implications arising from the report or recommendations.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There are no direct risk management implications arising from the report or recommendations.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 There are no direct crime and disorder implications arising from the report or recommendations.

11. SAFEGUARDING IMPLICATIONS

- 11.1 The report relates to services that have frequent contact with vulnerable adults. Although there are no direct safeguarding implications from this report or 'Action Plan', practitioners must remain mindful of potential safeguarding issues during the implementation of the recommendations.
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Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

Appendix 1 – Health Scrutiny Sub-Committee Reablement Review Report
Appendix 2 – Community Health Services in Tower Hamlets
Appendix 3 – Healthwatch Tower Hamlets Reablement Report
Appendix 4 – Reablement Action Plan

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

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