

Non-Executive Report of the: <b>Health Overview and Scrutiny Committee</b> 12 February 2019	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Denise Radley, Corporate Director : Health, Adults, and Community	<b>Classification:</b> Unrestricted
Reablement Service Scrutiny Review Action Plan – 29 November 2017	

<b>Originating Officer(s)</b>	David Jones, Interim Divisional Director, Adult Social Care Paul Swindells, Service Manager, Localities East and Reablement, Adult Social Care
<b>Wards affected</b>	All wards – the Reablement Service is borough wide

### **Executive Summary:**

- In 2017 the 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 acute and community health services. The 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.
- The Reablement Service offers a short-term, six week 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 focus its resources on those with eligible needs for care and support.
- 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 care and support plans or placements.
- The Sub-Committee reviewed the performance of the Reablement Service in Tower Hamlets to understand four key areas:

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?

The eighteen recommendations from the Committee (published in April 2017 and agreed in November 2017) are across the five main themes below :

1. Improving communication and engagement with stakeholders and key partners to improve how the system works and how people can access it
2. Improving the acute hospital discharge pathway and the experience for service users
3. Improve service user engagement and outcomes, user feedback mechanisms are improved and the service learns from best practice
4. Better social commissioning and exploring the role that the third sector and commissioned providers can contribute towards Reablement approaches
5. Encouraging and embedding Reablement ethos and approaches across the wider social care system

\*\* Since the Committee Review in 2017 the Reablement Service has assimilated the LBTH Sight and Hearing offer into its establishment (from January 2018) following a review of that service in 2017. The Sight and Hearing Equipment Officers (x2) and the Rehabilitation Officers for Visual Impairment (x2) are now part of the Reablement Service staff group supported via that Services management group, and a review of this staff groups roles, duties, and the overall Sight and Hearing offer is the subject of ongoing review and re-design within the overall Reablement Service framework.

### **Recommendations:**

The Health Overview and Scrutiny Committee is recommended to:

1. Note the content and updates within this report related to the previous Health Overview and Scrutiny review and associated Action Plan agreed in November 2017; and
2. Comment and scrutinise progress to date including any further recommendations to improve performance within the five themes highlighted within the Executive Summary.

## **1. REASONS FOR THE DECISIONS**

- 1.1 To provide direction on matters that the Scrutiny Committee view as relevant for consideration in the future planning and provision of a short term support Reablement Service within the Borough.

## **2. ALTERNATIVE OPTIONS**

- 2.1 The Scrutiny Committee could ask for further detail, examples, and clarity on specific aspects of the Reablement Service's activities since April 2017 in meeting the recommendations from the previous review in 2017 prior to determining any comments.

## **3. DETAILS OF THE REPORT**

- 3.1 This report provides an overview of the activities and work that has been undertaken by the Reablement Service in meeting the eighteen recommendations adopted (in November 2017) following the Health Overview and Scrutiny Committee report from April 2017.
- 3.2 The themes highlighted in the Executive Summary and their associated recommendations are as follows:

	<b>Theme</b>	<b>Recommendation</b>
1	Improving communication and engagement with stakeholders and key partners to improve how the system works and how people can access it	1-3
2	Improving the acute hospital discharge pathway and the experience for service users	4-9
3	Improve service user engagement and outcomes, user feedback mechanisms are improved and the service learns from best practice	10-14
4	Better social commissioning and exploring the role that the third sector and commissioned providers can contribute towards Reablement approaches	15-17
5	Encouraging and embedding Reablement ethos and approaches across the wider social care system	18

- 3.3 **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.**

**Updates** - Promotional material has been reviewed and where necessary updated. A range of presentations have been developed for different stakeholders; for example staff induction sessions within Adult Social Care (ASC) and partner services such as CMHT. Reablement web information has been updated in 2018. Presentations have been completed with all ASC services which interface with Reablement and to colleagues in Community

Health Teams (now known as Extended Primary Care Teams), Community Neuro Team, and CMHTs for adults and older people. These presentations are being repeated on a quarterly basis. The Service has also completed presentations at the International Day for Disabled People, Local Link, Tower Hamlets Together Events and to the Neighbourhood Community Teams. The Service offers half day shadowing visits to all staff joining ASC who directly interface with Reablement. So far a total of 31 awareness sessions have been completed since April 2017.

A Senior Practitioner from the Service will be based one day per week within the Hospital Social Work Team from January 2019 to promote Strengths based conversations and goal setting with staff at the point of discharge from hospital.

Workforce Development Team within ASC have provided 13 sessions covering the Care Act changes and principles of strengths based assessments, approximately 121 staff across ASC and Health have attended. In addition a further 7 sessions are planned for January-March 2019 provided by an external training provider - Alder Advice. There have been 2 sessions on motivational interviewing over the same period attended by 15 staff.

**3.4 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.**

**Updates** – Engagement from the management team in Reablement with REAL began in September 2017 to explore options for a more collaborative relationship between the Services. REAL attended a Reablement Service meeting in November 2017 to promote their service offer and met with the Reablement Officers in their patch meetings through-out May 2018. A presentation regarding Reablement took place with the Local Link Service in November 2017. A subsequent management meeting to review ongoing collaborative working occurred in September 2018. As a result of this there is a better understanding of roles and remits across the two services. Collaborative working has improved which in turn has been of benefit of service users. Rowan Earle (Acting Information, Advice and Advocacy Coordinator) from REAL has commented that, " We feel that there is more awareness and understanding between advocates and the Reablement Team ....in turn, this has led to more referrals from Reablement (to REAL) for information, advice and advocacy.....in cases that advocates have worked on that involve Reablement, the client has had greater understanding and involvement in the process." Analysis of themes from complaints (x6), Locally Resolved Complaints (x24), and Members Enquiries (x11) over the period April 17-December 18 do not indicate any dissatisfaction with the approach or behaviour of the Reablement Service, or its staff, with regards to giving a clear explanation of the service offer.

**3.5 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.**

**Updates** – Over the period April 17-December 18 there have been ongoing forums to try to take forward the integration of the Boroughs Reablement offer, and the local Health Trusts Rehabilitation offer linked to the overall objectives of the Tower Hamlets Together partnerships. Initial progress was slow however following some early challenges the pace has improved throughout 2018. Monthly ‘short term support’ workstream meetings with partners in ELFT have taken place throughout 2018. A stakeholder event took place in October 2018 which was well attended, and a model and timetable for a phased development of a single access point into short term services for all hospital discharges has been proposed. Barts Health, as stakeholders, have also now been included in these plans. This single access point will triage people being discharged from acute admissions to ensure that the most appropriate short term support offer is provided. Future stakeholder events and communications are being planned as we move towards Phase 1 in February 19, at present this first phase does not include the integration of the various services that contribute to the overall short term support across the Borough.

**3.6 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.**

**Updates** – Evidence indicates that the occurrence of such scenario’s is sporadic and normally for low cost items. The present procedure in place resolves these emergency situations in the majority of cases. Existing procedures have been reviewed and are ‘fit for purpose’ for the ad hoc occasions when it is required. Staff are able to get reimbursements through HR self-service and payroll each month. The introduction of prepayment cards is being taken forward by ASC (possibly as early as April 19) as part of the Corporate roll-out of this offer and this will give the Service an additional option for resolving emergency scenario’s.

**3.7 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.**

**Updates** – The Medication Management procedure was started in 2016 and remains ongoing whilst discussions continue in the CCG regarding payment for the production of MAR charts by Community Pharmacists. The key partners in producing this procedure were Barts Health, ELFT, and Local TH Pharmaceutical Committee. Medication administration training and competency assessments for the Reablement Officer staff group (approximately x45 staff) was completed collaboratively with partner practitioners from ELFT Pharmacy Service and Community Nursing. Unfortunately due to the delays in finalising the Medication Management procedure the Reablement Service has not been able to allow the Reablement Officer staff group to start the medication administration role. Our plan once this is resolved is to periodically review staff competencies regarding Medication Administration. Barts Health completed a draft Statement of Purpose regarding the MAR

chart usage and procedure in 2018 for patients who require medication support in the community. Meetings have been held with Local Pharmaceutical Committee who appear motivated for the work to progress, however this has still not been concluded. The Barts Health procedure is not to provide dossette boxes for all patients but that this need is assessed on an individual basis and the right level of support is put in place in relation to their medication management.

**3.8 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.**

**Updates** – Barts Health - All patients requiring continence pads or with an indwelling catheter are referred to our continence nurse for assessment prior to discharge. The continence service then direct the wards on how many pads to send patients home with – Ryan Smith, Head of Complex Discharge Team, Trust Operations, Barts NHS Trust

**Updates** – LBTH – evidence and feedback suggests that while this is much improved over the last 2 years there are still scenario's and incidents where users are discharged from acute services without the necessary supplies to manage their continence issues. These incidents are generally identified at an early stage post discharge and community based services, like Reablement, do resolve via the use of their Specialist Nurse Practitioner post.

**3.9 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.**

**Updates** – Barts Health - we continue to work towards not planning reablement and complex discharge cases on Fridays. The aim is always to discharge these cases Monday to Thursday. I also agree that if we do aim for a reablement discharge on a Friday it is with prior arrangement and agreement taking place with the reablement service directly - Ryan Smith, Head of Complex Discharge Team, Trust Operations, Barts NHS Trust

**Updates** – LBTH – it is acknowledged that generally communication between acute services and Reablement is positive especially where there are complex discharges planned, however the pattern of discharges generally suggests that a higher percentage do occur later in the working week. For example a snapshot for the month of November 18 demonstrated that only 40% of those users referred from acute to Reablement were discharged on Monday-Wednesday, and the other 60% occurred on Thursday-Friday, with Fridays accounting for 32% of all referrals.

**3.10 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.**

**Updates** - Processes are in place to identify referrers where there is evidence of poor understanding of Reablement and its benefits. Data continues to be collected on an ongoing basis. Monthly meetings with the hospital social work

teams are ongoing. From January 2019 a Senior Practitioner from the Reablement Service will be based at the Royal London Hospital one day per week to strengthen our presence, create better opportunities for collaborative working, and to create a greater awareness of the Reablement offer, referral pathways and how it interfaces with other short term support provision . Reablement representation at the weekly Admissions Avoidance and Discharge Service (AADS) meetings are already well established. The Reablement Team Manager is a member of a group reviewing AADS operational procedures. Also see feedback on Recommendation 3 regarding the single Triage model being planned as part of the Integration programme which should assist Acute based teams when planning discharges and simplify their understanding on the range of short term support options for people.

**3.11 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**

**Updates** - The occurrence of this issue is sporadic for the Service. The specific issue of bed bugs is linked with the wider issue of proactive planning for hospital discharge where 'deep cleans' or removal of infestations is required to facilitate a safe discharge home. The frequency of infestation issues for the Service is infrequent. Suitable and safe practices and procedures are in place to enable a Reablement offer to continue despite any infestation and during any environmental health treatment process.

**3.12 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**

**Updates** – See work already undertaken with REAL under Recommendation 2. The Carers Link Service is due to attend the Reablement Service meeting in January 19. Reablement now has a dedicated Carers Champion who attends monthly Carer's Champion meetings. Reablement have started conversations with OPRG and will meet with the group at their next meeting in March 19. Discussions are taking place about how we can encourage Reablement users involvement in the OPRG. The Service plans to strengthen their collaborative relationships with the Carers Link Service (newly Commissioned in December 18) and OPRG throughout 2019.

**3.13 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.**

**Updates** – For users discharged home from Acute services a welfare telephone call is completed by Hospital Social Work Team within 24 hours of the person returning home. In addition to this the Reablement Service introduced a welfare checklist/assessment which routinely takes place 48 hours after a person discharge from hospital. This checklist is completed by one of the visiting Reablement Officers, is returned back to their

Independence Planner, and any issues or risks identified are resolved, or escalated to a more senior member of staff within the Reablement Service. Feedback and evidence has demonstrated that this has assisted in the timely identification of high risk service users and action plans put in place to safeguard them and ensure the discharge is successful.

**3.14 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.**

**Updates** - Reablement Service completed a visit to LB Greenwich in December 2017. Information and approaches regarding Quality Assurance mechanisms were provided by LB Greenwich resulting in a review of Quality Assurance activities within the Service. One outcome was a need for a Registered Manager to oversee the 'Provider' section of the Reablement Service (including Quality Assurance). This post has been created with a successful candidate due to start in March 19. A key priority of this newly created position will be the roll out of a range of enhanced Quality Assurance activities. New Adult Social Care Quality Standards have been launched in January 19, this includes an updated user feedback questionnaire which the Service will start using from February 19. Already established QA activities within the Service include routine monitoring visits of Reablement Officer staff and telephone audits. The Reablement Service is currently working in collaboration with the Integrated Commissioning Team for ASC to explore the potential to use the Councils Quality Monitoring Team to align the services QA activities with those that take place for our External Domiciliary Care providers. In addition to this ASC is planning to take a different approach to QA in 2019 and it is expected that the Reablement Service will also participate in any new initiatives related to these developments.

**3.15 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**

**Updates** - Reablement Service visited LB Greenwich in December 2017 to explore how ICT systems are used to coordinate and plan rosters. The Greenwich and Tower Hamlets models differ considerably which has made it challenging to compare the systems of staff rostering for visits. There was little value gained subsequently for this area of improvement, the Service continues to have an ongoing challenge with maximising contracted hours for the Reablement Officer staff group. Recent recruitment of Reablement Officer staff in 2018 (x7 new staff) has focused on female staff with community language skills, all guaranteed a minimum of 21 hours per week work. This is step in the right direction and as further vacancies arise the Service will look to convert full-time vacancies into part-time positions where the opportunities to 'fill rostered hours' is more easily achieved; however this will take some time and is dependent on the turn-over of staff but further recruitment may take place in mid-2019.

- 3.16 **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.**

**Updates** – There are joint working protocols in operation with the CMHTs for Adults and Older People. Reablement promotional sessions have been completed. The joint working procedures are firmly established with good collaborative relationships between Reablement and CMHTs. Since the establishment of the joint working procedures approximately x20 service users on the CMHT pathway have had access to Reablement Officers and benefited from joint working arrangements with Reablement Occupational Therapists.

A Reablement Service away day on 'Breaking Boundaries' took place in November 2017. There were sessions on anxiety and depression, working with substance misuse users, and a session on human trafficking and modern slavery. A number of staff have attended sessions on Suicide Prevention and Domestic Violence as part of the overall training programme to support staff in their roles. Collaborative work started in 2018 between the Reablement Service and the Homeless Pathway. Reablement attends the Homeless Forum and is working collaboratively with the boroughs Hostel offer to increase Reablement opportunities with some of their most hard to engage residents. Training on working with hard to engage service users continued at the Reablement Service Staff Winter Event in January 19.

- 3.17 **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.**

**Updates** - This opportunity already exists for staff in the Service where it is appropriate to meet an identified social care need for a resident. The Reablement Service has a 'universal services champion' in place who can share this knowledge within Team Meeting forums. Regular updates provided via team meetings or emails ensure all staff within the Reablement Service are educated and aware of community options for users within TH and the surrounding areas.

- 3.18 **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**

**Updates** – The Reablement Service is a member of the Pan-Provider forum within TH and where appropriate uses this forum and network to share information as required. In addition updates and strategies can be communicated via the Corporate Communications when appropriate to ensure consistency. Nothing specific to Reablement has been set up to date; however the new Locality Model across Health and ASC including forums such as the Health and Well Being Boards does offer the Service some opportunities in the future to share experiences and messages across different partners.

- 3.19 **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.**

**Updates** – An IBCF Project bid was successful in Summer 2017 with funding for a Specialist OT to work across two specific projects to promote a Reablement ethos and approach – the project began in late 2017 and is due to finish in March 19. The project is working with one Commissioned Domiciliary care provider (Excel Care) and with two LBTH In-House Day Services (Day Opportunities and Riverside) to explore how staff within these services can support users in a more strengths based and reabling way. The findings and outcomes from this project will be published in April 19 with some potential recommendations regarding how ASC generally can support improvements in providers approach to the way they provide care and support to vulnerable users in the borough and promote resilience.

- 3.20 **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.**

**Updates** – Regular meetings have occurred between Senior staff in Reablement and other ASC teams across this period. A checklist tool has been created to support other ASC teams and encourage more accurate screening of people who would benefit from a Reablement programme. Some ASC teams were Realignment in October 2018 to create the new Locality Model which resulted in a turnover of staff within the Initial Assessment Team. Work is again ongoing across Reablement and the Initial Assessment Team to create a robust understanding of the Reablement offer amongst new staff members. From January 19 a Senior Practitioner from Reablement will be based at the Hospital Social Work Team one day per week with aim of strengthening collaborative working relationships and help social care staff include a strengths based, person centred approach when discussing referrals to Reablement.

#### **4. EQUALITIES IMPLICATIONS**

- 4.1 There is no evidence currently that within the cohort of people receiving the short term Reablement Service that individuals with any particular protected characteristics are disproportionately impacted by these variations.
- 4.2 During the period April 17 – December 18 the majority (76%) of service users are 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 health funded rehabilitation pathway. Female users approximately account for 60% of referrals. Approximately 45% of users are from white British or Irish background, with Bangladeshi users being the next highest user group (25%).

- 4.3 The Service staff group has traditionally been under-represented across the female Bangladeshi and Somali; however positive action recruitment in 2018 has started to contribute to re-dressing this issue, with further positive action recruitment planned for 2019 dependent on vacancies.

## **5. OTHER STATUTORY IMPLICATIONS**

### ***Care Quality Commission***

The Reablement Service is a registered provider of 'personal care' services and as such is subject to a range of statutory regulations. Oversight of regulatory compliance is the responsibility of the Care Quality Commission. As part of the regulatory framework the service is required to have a Registered Manager who is responsible for the service and a Nominated Individual who is responsible at a senior organisational level for the delivery of care and support. The service was last inspected on 27 February 2017 with a rating of 'good' across all five Key Lines of Enquiry (Good is defined as 'the service is performing well and meeting our expectations').

### ***One Tower Hamlets Considerations***

The core focus of the review is on the council's approach to delivering an integrated and 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. The ongoing review and improvements are to ensure disabled 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.

### ***Best Value Implications***

The recommendations in this report are made as part an ongoing requirement in helping to secure continuous improvement for the council, to use and target resources to those most in need as required under its Best Value duty.

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.

### ***Sustainable Action for a Greener Environment***

There are no direct environmental implications arising from the report or actions undertaken by the Reablement Service.

### ***Risk Management Implications***

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

### ***Crime and Disorder Reduction Implications***

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

### ***Safeguarding Implications***

The report relates to a service that has frequent contact with vulnerable adults. Although there are no direct safeguarding implications from this report, practitioners have remained mindful of potential safeguarding issues during the implementation of the recommendations.

## **6. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 6.1 This report provides an update on the progress made by the Reablement Service against the action plan previously agreed following the Health Overview and Scrutiny Committee report from April 2017.
- 6.2 The Council's Reablement Service has been fully funded by the Better Care Fund since 2015/16, and has a base budget of £2.5m in 2018/19. In addition to this, the Service received IBCF funding of £117,000 in 2018/19 to support the delivery of specific projects in relation to outcome focussed interventions and demand management. All activities to support the delivery of the recommendations in the action plan have from a financial perspective been contained within the existing resources available or one-off IBCF funding.
- 6.3 Since 2017/18 the Reablement Service has been responsible for delivery of £850,000 of efficiency savings from budgets relating to the provision of care packages. To date, £294,000 has been delivered, with the remaining £556,000 to be delivered by the end of the 2019/20 financial year.
- 6.4 If any additional recommendations are proposed following scrutiny of the action plan update, the financial impact will need to be given consideration following this committee meeting.

## **7. COMMENTS OF LEGAL SERVICES**

- 7.1 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. The Overview and Scrutiny Committee may consider any matter affecting the area or its inhabitants and make reports and recommendations to the Full Council or the Executive.
- 7.2 The Care Act 2014 imposes a number of duties on the Local Authority, including the provision of information and advice, to promote the efficient and effective operation of a market in services for meeting care and support needs and to cooperate with relevant partners including health bodies. The Council must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will reduce the needs for care and support of adults in its area. The Council must exercise its social care functions with a view to ensuring the integration of care and support provision with health provision. In providing these services, the Council must have regard to the duty to promote the wellbeing of the individual.
- 7.3 The Care and Support (Preventing Needs for Care and Support) Regulations 2014 make further provisions relating to reablement support, providing services to enable the adult to maintain or regain the ability needed to live independently at their own home.

- 7.4 The review explored the current offer within the borough and made the recommendations set out within this report. Whilst it was 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 the Care Act 2014, where consistent with their own duties.
- 7.5 When considering the recommendations above regard must be given to the public sector equalities duty to eliminate unlawful conduct and advance equality of opportunity under the Equality Act 2010 and the duty set out at Section 149 of the 2010 Act. 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.
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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- NONE.

### **Appendices**

- NONE

### **Local Government Act, 1972 Section 100D (As amended)**

### **List of “Background Papers” used in the preparation of this report**

- NONE.

### **Officer contact details for documents:**

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