Adult Social Care Scrutiny Commission Report

An Overview of the Reablement Service

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Laurence Jones

Director: Ruth Lake

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Wards Affected: All
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1. Purpose

1.1 This report provides the Adult Social Care Scrutiny Commission with an overview of the Reablement Service. It sets out the reablement offer, how it has been developed, and describes the outcomes it helps people to achieve. Funding arrangements and the staffing structure are included for information.

1.2 The report also touches upon key partnerships, challenges and future ambitions.

2. Summary

2.1 The Reablement Service was developed in response to increasing national attention on the impact of delayed discharges from hospital. Following the introduction of the Delayed Discharge Act 2003 the existing in house Domiciliary Home Care Service undertook a programme of transformational change, moving away from the provision of long-term domiciliary care, to a short-term targeted intervention through a new Intake Service.

2.2 The Intake Service was primarily set up to help support hospital discharges, reflecting the increased onus on the Local Authority to ensure that discharge was timely and where a failure to discharge within set time limits would incur a fine to the Council. The service was designed to offer support for up to six weeks, which was free at the point of access and had an ethos of promoting independence. With the introduction of national regulation across the sector it also became a registered service, with what is now known as the Care Quality Commission (CQC).

2.3 The service was re-launched in 2009 as the Reablement Service with a stronger focus on improving people's independence levels; enhanced partnership working and integrated care was created, through aligned nursing and therapy interventions.

2.4 More recently in November 2023, the service has developed into the Rehabilitation, Reablement and Recovery (RRR) Service in line with wider health and social care system ambitions across Leicester, Leicestershire and Rutland. With a default pathway upon discharge into the RRR Service, this offer now enables anyone in hospital with identified care needs to come home with RRR support, unless an alternative pathway is better for that individual.

2.5 The Reablement or RRR Service is available to any person over the age of 18, whilst noting most people accessing the service are older people with

frailty or physical health conditions. It remains free at the point of access, in line with Care Act guidance, for up to six weeks. One of the key internal partners are the Health Transfers Team. This team works as part of the system Integrated Discharge Hub, ensuring people's needs upon discharge are clearly identified and referring people on to the service where this is appropriate. The Reablement Social Work Team works alongside the provider service in the community, assessing people who appear to have long-term needs, in line with the Care Act, and developing support plans as people conclude their reablement episode.

2.6 The service's overall success has been based on its outcomes and partnership working, which have been recognised both locally and nationally. The service has won awards for its impact and has shared its good practice with many other systems and Local Authorities. The service is built on an experienced team of front line staff, co-ordinators, officers and managers, as set out in appendix A. Furthermore, it should be noted that during the Covid-19 pandemic, the service played an important and integral role across the Council, in buying and distributing PPE across various Departments and the care sector. It also ensured its seven-day service offer remained uninterrupted at all times.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

a) Note the report and to provide comment / feedback.

4. Report

4.1 Having set out the context as a summary, this report focuses on:

- The Reablement offer of support
- How the service has been recently developed
- Its outcomes and achievements
- Key challenges and future ambitions

The Reablement offer of support

4.2 The service offer is in line with the vision of having a range of Home First services across Leicester, Leicestershire and Rutland that deliver Rehabilitation, Reablement and Recovery (RRR). This forms a consistent way of working across LLR to help timely discharges, avoiding the risk of de-conditioning in hospitals when patients are medically optimised for discharge, due to waiting for care in the community. The service is vital in avoiding unnecessary use of acute hospital beds, given the continuous pressures within hospitals.

4.3 This is an improved service offer for the people of Leicester with more collaborative working as part of a wider health and social care system,

alongside all its key Home First partners. The RRR Service enables the Council to reduce reliance on the use of temporary bed provision, with a greater focus on as many people going home from hospital as is possible. A return home from hospital with support is referred to ‘pathway 1’ in the context of national discharge guidance.

4.4 This more inclusive Reablement offer moves away from a criteria-led offer, by accepting more people directly from hospital who would normally have been supported directly by an independent sector domiciliary care provider. This allows people routine access to a period of Reablement, which will range from a few days to up to 6 weeks depending on an individual’s possible outcomes. This also allows commissioned care to only be considered following a period of reablement, protecting the Council’s adult social care budget.

4.5 Whilst there are no exclusion criteria, hospital ward staff do have alternative and more suitable pathways for some people, including those with temporary health conditions, end of life care needs and those who would be unsafe at home and where a short-term residential or nursing bed is required. Where people already have a package of support and are returning home with the same / similar care, this is re-started, so that continuity of care is not disrupted However, the service will offer a Bridging Service to those people who are ready for discharge, but their domiciliary care provider is unable to restart them immediately, as this will help bridge the gap and avoid deconditioning in hospital.

4.6 How the service has been developed

In 2023 the ambition to move towards a Rehabilitation, Reablement and Recovery model has been supported by the provision of 433k from the Integrated Care Board (ICB). This has allowed the service to develop the key aspects that can aid a person’s independence, from investment within Reablement alongside Care Technology, the Occupational Therapy Service and the Brokerage Service.

4.7 Front-line Reablement provider staff now carry out Dynamic Risk Assessments across the City as first responders. This ensures a timely risk assessment at all times in compliance with CQC regulations, even as the service is supporting more people than previously. The service is moving away from paper-based risk assessments to electronic versions; timely feedback from all front-line staff allows the office staff to immediately act upon any issues in real time, including stepping up or stepping down levels of care.

4.8 The Reablement/Home First Officers are also undertaking Care Act Assessments, with a focus on people whose care can be closed or reduced, to help manage capacity and flow. There has been supported learning from the Reablement Social Work Team, recognising their skills,

knowledge and experience in dealing with more complex issues and people who require a social work intervention to assess ongoing needs.

4.9 A more structured daily Multi-Disciplinary Meeting has been introduced, that supports the co-ordination of integrated care, working alongside our Therapy/Nursing Teams and all our internal partners. Managers have developed additional skills in supporting and authorising Care Act assessments.

4.10 Adult Social Care has a commitment to ensure Strengths Based Practice and utilising a support sequence tool, to ensure solutions to meet outcomes draw on the full range of available, non-statutory services. RRR allows a focus on Care Technology, OT Equipment and the offer of our LeicesterCare Emergency Alarm Service, with the avoidance of formal care whenever possible.

4.11 The service has ensured better utilisation of all our front-line staff, revisiting the rota patterns for 67 Reablement Assistants. This will help to ensure the service has the right amount of staff, at the right time, whilst maximising our productivity.

4.12 Outcome and Achievements

Since its development from 2009, the service has been able to meet key local and national indicators consistently, whilst also reviewing its provision both from a cost and service perspective. The service's overall achievements have resulted in a number of prestigious awards over the years, whilst always meeting and maintaining key regulatory standards with the Care Quality Commission. The service has consistently been rated as a 'good' service, meeting all key standards on every inspection occasion.

4.13 Detailed activity data is presented to the Leicester City Integrated System of Care Group, and reported upwards to the Health and Wellbeing Board, as this is a Better Care Fund supported service. Information included in the ASC Performance Monitoring report is attached at Appendix B. Despite the increase in referral rates primarily from hospitals the service is set to meet the Adult Social Care Outcomes Framework metric known as the 91-day check. This helps track the percentage of people over the age of 65 who have been discharged home from hospital using Reablement, that are still at home 91 days after their reablement episode. This metric currently stands at 94.5%, (at Q3) meeting the target set at 93.5% for 2023/24. It can also be noted that when the service took part in a National Audit of Intermediate Care (pre-covid) the outcomes were recognised as the best across the country in comparison to other participating intermediate care services.

4.14 Following expansion of the service to become a RRR offer, in November 2023, the table below shows how the service has performed compared to the previous year.

3 month comparisons since Go Live of RRR Intake	Total number of people supported	Fully Independent (needing no care)	Re-admitted into hospital	Ongoing care required	Other
Nov 22, Dec 22, Jan 23	294	59%	11%	27%	3%
Nov 23, Dec 23, Jan 24	**401**	**58%**	**15%**	**24%**	**3%**

*Other relates to permanent residential care or those who have passed away whilst on the service

4.15 The key challenges

Capacity and flow remain a real challenge given the number of referrals being received every week from hospitals. As a direct result of this demand, the service has currently paused offering support to people with double-handed care needs (requiring 2 Care Workers), where the likelihood of independence is reduced. This is to ensure that the service remains open for all remaining hospital discharges, where independent outcomes are most likely, and for community referrals.

4.16 The volume of community referrals is lower than discharge referrals and there is an ambition to increase these. Demand and capacity modelling shows a small gap, and opportunities to increase productivity and secure additional income are being considered. There is also a need to have a dedicated training facility and improved office space whilst still building on the benefits of co-location with our community health services. This remains work in progress.

4.17 Future Developments

The service will continue to build its training and development programme, which is central to its ongoing growth. There is continuous focus on evaluating performance, ensuring quality of care whilst being as efficient and as effective as possible. The focus on value for money always needs to balance outcomes with operating at a unit cost that is sustainable longer-term for the Council.

4.18 With strength-based working sitting at the heart of delivery, there is ongoing need to weave in all the various steps from Care Technology, OT equipment and timely access to community health services. This will ensure all the people being served have a greater opportunity to be as independent as possible, through co-ordinated and integrated care. In

addition to this the service must continue to build upon its co-working arrangements with the Health Transfers and Reablement Social Work Teams, in terms of supporting flow. Pace and productivity will be key, without compromising on the positive outcomes that the service continues to achieve, alongside maintaining the quality of its overall service provision.

5.1 Finance

There are no financial implications arising from the report. For context, the current budget for the Reablement Service is £2.7m.
Martin Judson, Head of Finance

5.2 Legal

The remit of the Rehabilitation, Reablement and Recovery (RRR) Service is consistent with the Council's duties under Section 2B National Health Service Act 2006 and Care Act 2014, and is operating in accordance with The Care and Support (Preventing Needs for Care and Support) Regulations 2014.

Mr Mark Kamlow, Principal Solicitor, Social Care & Safeguarding, Legal Services. Tel: ex 370123.

5.3 Equalities Implications

When making decisions, the Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The report provides an overview of the Reablement Service which will be accessed by people from across a range of protected characteristics. The Reablement Service helps people to get targeted support when leaving hospital and enables them to stay in their own homes, where appropriate. The strength-based approach will ensure all the people being served have a greater opportunity

to be as independent as possible through co-ordinated and integrated care. Going forward the service needs to take into the city's growing changing and increasingly diverse population, to ensure the service continues to meet their needs.

Sukhi Biring, Equalities Officer

5.4 Climate emergency implications

There are no significant climate emergency implications directly associated with this report. As service delivery generally contributes to the council's carbon emissions, any impacts of ongoing delivery could be managed through measures such as encouraging sustainable staff travel behaviours, using buildings efficiently and following sustainable procurement guidance, as applicable to the service.

Aidan Davis, Sustainability Officer, Ext 37 2284

6. Appendices
   Appendix A: Staffing Structure
   Appendix B: Performance Metrics
   Appendix C: People's stories

7. Background Papers
   None

8. Is this a Key Decision - No