



OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

Individuals Overview and Scrutiny

CMT Lead:

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Policy context:

Reablement in Havering has become the key to the delivery of social care provisions both at Royal Jubilee Court and in the community. The service overall is welcome by people receiving the service, and represent an investment that may produce savings.

SUMMARY

1. This report provides an overview of Reablement in the community after one year of the service been externalised.
2. This committee has examined in some detail the Reablement programme at Royal Jubilee Court in the past and therefore this report deals with Reablement in the Community.

RECOMMENDATIONS

Members of the Overview and Scrutiny Committee are asked to note this report.

REPORT DETAIL

1.0 Background

- 1.1 The implementation of the personalisation, transformation and preventative agenda in Havering has been a catalyst for change, particularly within Adult Social Care. Havering, like many other local authorities, developed an in-house reablement service as part of its personalisation approach. This service began operating in 2007 and was provided by the former internal homecare team.
- 1.2 The Council is committed to providing reablement services as the default option to all **eligible** adults who can benefit from reablement for a period of up to six weeks, the service has become the normal pathway for an increasing number of service users before they are considered for long term care.
- 1.3 However, in order for this to be achieved, the service that had been provided since 2007 needed to operate more efficiently and at a lower cost. Hence, Cabinet approved for this service to be externalised.

2.0 Definitions

- 2.1 In general terms reablement is designed to help people learn or relearn the necessary skills for daily living which may have been lost through deterioration in health and/or increased frailty resulting in hospital admission. The focus of Reablement is on regaining physical ability and confidence building. These achievements are monitored regularly throughout the period of Reablement –up to 6 weeks- via active reviews and assessments.
- 2.2 An implicit aim of reablement is to reduce the care hours required to support people at home, or to develop their independence so that they can remain in their own home. While reduction in care hours is a key indicator of positive outcomes, it is also important to measure the difference that reablement makes to the service user's functional capabilities. Reablement goal setting can focus on finding ways to enable service users to prepare their own meals and manage their personal care, but also to regain their participation and social inclusion in meaningful activities.
- 2.3 Reablement, as for any other provision, is not a "fit for all" service. Though most people are encouraged to have a period of Reablement following a health intervention event, some people, because of the gravity of their condition are excluded from reablement. For instance, people who are non-weight bearing; people at the end of their palliative care; people with severe dementia who are disorientated and cannot retain information. However, every new service user assessed as needing care is offered a Reablement assessment as a matter of course.
- 2.4 However, due to its aim of restoring or regaining function, reablement requires enhanced competencies during the assessment and the setting of reablement goals. Occupational therapists, for instance play an essential role in this process as they use their skills, together with their knowledge of the medical, physical, emotional and cognitive impact of disability and injury, to ensure that reablement is tailored to an individual's needs and potential for reablement. In Havering the

Reablement service works in tandem with our Preventative Team who offers professional input such as Occupational Therapy and Social Work.

3.0 Achievements

- 3.1 In Havering the success of Reablement can be measured by the number of people who have received the service and have no need for further services and/or people who received reablement and who, without this service would have had an increase in the provision of services. Likewise, the provision of reablement for some people have, at least temporarily, avoided the need for costly nursing/residential placements.

For example.

The total number of Reablement service users in 2012/13 was 1493

From 1st April 2013 to 30th September 2013 the number was 769

The percentage of people who did not require any further on going service was almost 50%

Of those people who required on-going services only 3.35% needed an increase in care hours.

- 3.2 Reablement is having a beneficial impact in preventing people from receiving continuing packages of care or reducing those packages of care
- 3.3 Improving throughput, capacity and quality will deliver greater benefits in terms of costs.

IMPLICATIONS AND RISKS

4.0 Financial implications and risks

- 4.1 There are no direct financial implications or risks arising from this report which is for information purposes only. The implications related to externalisation of the reablement service were detailed in the July 2012 Cabinet report.

5.0 Legal implications and risks:

- 5.1 There are no apparent legal implications in noting this Report.

Stephen Doye Legal Manager

6.0 Human Resources implications and risks:

- 6.1 There are no direct HR implications or risks regarding the Council's workforce that can be identified from the recommendations made in this report.

Eve Anderson, Strategic HR Business Partner (Children, Adults & Housing and Public Health)

7.0 Equalities implications and risks:

- 7.1 Reablement is designed to promote independence and social inclusion, as well as ensuring people's level of functionality remains at an optimum level. Because of its ethos, Reablement effectively promotes further participation for all citizens.
- 7.2 An equality analysis of Reablement services was carried out as part of the commissioning process.

BACKGROUND PAPERS

None