

	<p align="center"><b>Community and Wellbeing Scrutiny Committee</b> 16 April 2024</p>
	<p align="center"><b>Report from the Corporate Director of Community Health and Wellbeing</b></p>
	<p align="center"><b>Lead Cabinet Member for Public Health and Adult Social Care – Cllr Neil Nerva</b></p>
<p><b>Reablement Service Update</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key
<b>Open or Part/Fully Exempt:</b> (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
<b>List of Appendices:</b>	None
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	<p>Andrew Davies Head of Commissioning, Contracting and Market Management <a href="mailto:Andrew.Davies@brent.gov.uk">Andrew.Davies@brent.gov.uk</a></p> <p>Sarah Richards Head of Intermediate Care and Principal Occupational Therapist <a href="mailto:Sarah.Richards@brent.gov.uk">Sarah.Richards@brent.gov.uk</a></p>

## 1.0 Executive Summary

- 1.1 This report has been requested by the Community Wellbeing Scrutiny Committee and provides an overview of reablement services in Brent. The reablement service provides support to people to help them regain their skills and independence often after a life-changing event such as a stroke, minimising the need for longer term, ongoing care and support.
- 1.2 Reablement is a vital part of the hospital discharge process, and the council has aspirations for it to become a much more important part of care delivered to people who already have care packages but need assistance in retaining or learning new skills to stay as independent as possible.
- 1.3 The council has a reablement team in the Intermediate Care service in Adult Social Care, that carries out assessments and goal setting with service users who will receive a reablement service. The support service is delivered by care providers contracted by

Brent Council for this specific purpose. New contracts for reablement services went live in February 2024, following the completion of an open tender process.

- 1.4 This report sets out information on the reablement service in Brent, including the key challenges that impact provision and service delivery within the borough.

## **2.0 Recommendation(s)**

- 2.1 The Community Wellbeing Overview and Scrutiny Committee is recommended to –

(i). Note the contents of this update report.

(ii). Question officers and the Lead Member for Public Health and Adult Social Care on reablement services in Brent.

## **3.0 Detail**

### **3.1 Contribution to Borough Plan Priorities & Strategic Context**

- 3.1.1 Strategic Priority 5 of the Borough Plan, *A Healthier Brent* says that the council will make sure that health and social care services meet local needs.

- 3.1.2 In particular, the council will ensure that adults with care and support needs are able to access support services that are responsive to their needs and will work with residents as partners in their own care and support.

- 3.1.3 The reablement service supports Brent residents to maximise their independence by using a strength based approach when working with service users to regain their skills and independence.

### **3.2 Background**

- 3.2.1 Reablement services are provided by Brent Council to deliver short term, time limited support to people who require a service to help re-learn or regain skills to enable them to remain independent or less reliant on ongoing care and support. Reablement services are an important preventative service that has become a core component of social care support across the UK.

- 3.2.2 Reablement services are different from the delivery of standard homecare, in that the focus of the support is to help someone regain their skills and independence – it is short term support, for up to six-weeks, to give time to meet agreed goals that are set at the start of the reablement service. Reablement is a vital part of the hospital discharge process, and the aim in Brent is that it becomes a much more important for people who have a long-term care package, to try and reduce the need for permanent care and support, or at least delay an increase in ongoing care and support through supporting people to retain or learn new skills to stay independent.

- 3.2.3 A successful reablement service has two main benefits – service users benefit from maintaining their independence and by being less reliant on ongoing care and support. The council benefits because it does help to save money on ongoing care, which can then be used on other services.

- 3.2.4 There are two core elements of the reablement service – the assessment and care planning arm, which is delivered by the Reablement Team in the Intermediate Care

service in Adult Social Care; and the delivery of reablement support, which is commissioned from external care providers by the council.

- 3.2.5 Both of these elements have been through significant changes in the recent past. Work has been done to review the reablement assessment function and to work more closely with NHS rehabilitation services. At the same time, the reablement care contracts have been re-tendered and new lead providers appointed to deliver the reablement service starting in February 2024. This report sets out in more detail some of these key changes and the impacts expected as the new working arrangements are implemented.

### **Reablement Assessment Team**

- 3.2.6 The Reablement assessment team is made up of social workers, care assessors, occupational therapy assistants and occupational therapists. Physiotherapy is provided through CLCH who are Brent's community health partners. The team work closely with enabling carers with a remit to assist residents regain function and independence. All referrals to reablement are screened by the team for appropriateness for reablement intervention, if appropriate an assessment will take place to put in place to determine the level of support needed. Reablement is a time limited service provided for up to six weeks or 72 hours worth of intervention. The majority of referrals are received through the ASC hospital discharge team and the ASC front door team and work is ongoing to expand the pathways through which the service can be accessed and to extend it to more cohorts of residents.

- 3.2.7 In December 2023 the Adult Social Care Reablement team were awarded winter pressures funding to employ additional staff to support the Reablement assessment service. This allowed ASC to employ additional therapists to strengthen the principles of rehabilitation in the service and to increase capacity. The additional funds supported the skilling-up of staff, development of pathways, determine outcomes and goals as well as enabling service design. The changes have meant the service is therapy led inline with the recommendations made in the [Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge \(england.nhs.uk\)](https://www.england.nhs.uk/rehabilitation-reablement-recovery/) and that residents in the service receive rapid access to rehabilitation. This team has been successful with the latest figures indicating 73% of residents have their care needs eliminated at the end of the Reablement period, an increase from 65%. This is indicative of improved long-term outcomes for residents such as improved quality of life, independence and a lower rate of hospital readmission.

- 3.2.8 In partnership with the ICB and with CLCH there has been significant work conducted to design a fully integrated Reablement team. The long-term vision includes extending the professional capabilities of the team to incorporate other disciplines such as district nurses. Capacity and demand work has been completed and work is being undertaken to investigate which shared care records system could be utilised. Discussions are underway with partners to determine a funding stream for this work to be progressed.

### **Reablement Provider Services**

- 3.2.9 Prior to tendering for lead reablement providers, reablement services in Brent were spot purchased from a range of providers. Although reablement services had a positive impact on the care costs and led to better outcomes for service users, it was felt that more could be done via reablement to improve the quality of life for service users and reduce ongoing spend on care for the council.

3.2.10 There are a number of changes that the council wants to make to its reablement provision through the newly commissioned service providers -

- Complex Needs: The previous reablement offer was not able to support people with complex needs. Development of a reablement service that has the skills and capability to support people with complex needs to live more independently in their own homes and reduce the requirement for double handed care and ongoing support represents a significant savings opportunity.
- Existing clients in the community who already receive a care package: The reablement offer is mainly focused on supporting hospital discharge pathways. Development of a reablement response offer to people already receiving care at home that can provide intensive support in a crisis and help to rebalance their situation will reduce demand for an increase in ongoing care and support.
- Dynamic reablement offer: Reablement was a one-sized offer that did not have the flexibility to adjust to the pace and rate of progress a person is making in achieving their reablement goals. A more dynamic offer would achieve better outcomes more quickly for the person.
- Alignment with Community Rehab And Rapid Response: The previous reablement service was not delivered as part of a coordinated rehab and reablement offer. The opportunities to maximise the benefits of support for people to apply the learning and skills gained from their therapy sessions from coordinated therapy and reablement goal plans and provision do not exist in the current set up. There is no reablement wraparound offer for people with urgent health care needs seen by the rapid response team. This will be taken forward with the Brent ICB as part of an integrated health and social care system and is an ambition for the new reablement service.
- Equipment and Assistive Tech: The current reablement service offer is not geared towards supporting people to try out equipment and assistive technology and develop the skills and confidence to use these options as an alternative to traditional homecare support. Again, this is an area that the new providers will start to focus on.
- Services for people with a learning disability or mental health problem: This was a gap in provision. The new providers will be expected to provide reablement support for people with learning disabilities and mental health issues, particularly to aid hospital discharges, but also with people in receipt of care packages in the community. Demonstrating competence in this area was an important part of the tender evaluation.

3.2.11 Prior to the reablement tender Brent was commissioning around 800 hours of reablement services per week. Around 25% of new adult social care service users were receiving a reablement package based on current commissioning levels. Brent's intention is to increase this over the life of the contract to 1,400 hours per week, so that reablement becomes a stepping-stone to receiving homecare. Ahead of the tender modelling had shown that in Brent 65% of people who receive a reablement service do not go on to receive a homecare service. Of those that do go on to receive a homecare package, costs are around 19% lower for those receiving single-handed care and 16% lower for those receiving double-handed care. This was achieved even though Brent did not have an optimum reablement offer, and it is only being used consistently to support people being discharged from hospital. By making reablement a more integrated part of our offer to people receiving care services, officers are of the view that more people can re-learn the skills and gain the independence they've lost, at the same time helping the council to achieve ongoing efficiencies in care costs.

3.2.12 To prepare local providers for the reablement tender opportunity the council funded capacity building work with local businesses that was carried out by the Procurement Service, with a focus on bid writing, social value and preparing for tenders such as the homecare and reablement contracts. Four capacity building workshops took place with 50 providers taking part in total. The workshops covered the following topics -

- Engaging with Adult Social Care Procurement – with tender work packages
- Introduction to Bid Writing – Foundation
- Improve Your Bid Response – Advanced
- Circular Economy & Developing Key Partnerships

3.2.13 As well as attendance at the workshops, a further 20 Brent based businesses have received 1:1 support a business support consultancy on bidding for tenders, comprising of two separate sessions with each company, for an hour at a time. This support was bespoke to each organisation to help them prepare for tenders. Telephone and email support was offered to providers ahead of the tender opportunities to give local companies additional assistance in preparing for tender processes.

3.2.14 There were also two specific market warming events held with providers to prepare for the tender. 190 providers attended both events (which was combined with the homecare tender market warming). The market warming events were an opportunity to brief providers on the process and expectations from their bids for the reablement contracts. Officers also used the market warming events to finalise the reablement model that was used to commission services going forward.

3.2.15 Feedback from the market warming events was clear on the establishment of geographically contained patches. Providers were much keener on this approach than commissioning three reablement providers to cover the whole borough. There are a number of reasons for this –

- Delivering a dedicated reablement service spread over a wide geographical area is an inefficient use of valuable care staff, who will spend more time travelling if the service was commissioned to cover the whole borough.
- Due to the spread of clients across the borough it will be difficult for providers to develop a stand-alone reablement service. Giving certainty as to the area that clients will live will help with planning rotas and in the delivery of care.
- Field supervisors and other support staff will have less distance to travel, helping with quality assurance work and oversight of care delivery.
- Reablement packages are short-term but still require a lot of administrative work (care and risk assessment, monitoring and reporting, rostering and people management etc). This will be easier to manage in a smaller geographical area.

3.2.16 The tender for reablement services was completed in February 2024, with three new lead providers appointed. Reablement services are now delivered on a patch-based model. The borough has been split into three reablement patches – North, Central and South, using the old council wards to create the new patches. This is so the reablement patches could align with the lead provider patches for homecare, which were commissioned before the new ward configuration was implemented.

3.2.17 The tender evaluation was carried out by a panel of officers from Adult Social Care, including social workers from the Reablement Team and Safeguarding Teams. The bids from providers were evaluated based on the following criteria. Price was not a criteria, as the hourly rate was fixed. The contracts are London Living Wage compliant and let under the Council's contract terms and conditions for a three year period with the option to extend for a further two years.

<b>Award criteria</b>	<b>Weighting</b>
Quality	90.00%
Comprised of:	
Q1 Independence	20%
Q2 Diversity	15%
Q3 Complex needs	11%
Q4 Staffing and capacity	7%
Q5 Innovation	15%
Q6 Safeguarding	15%
Q7 Quality assurance	7%
Social value	10%
Total	100%

3.2.18 The reablement patches are –

<b>Patch</b>	<b>Wards / Homecare Patches covered</b>	<b>Lead Provider</b>
North	1. Northwick Park and Preston 2. Sudbury 3. Tokyngton 4. Wembley Central and Alperton 5. Stonebridge	MNA Home Care Serviced Ltd
Central	6. Queensbury and Kenton 7. Barnhill 8. Welsh Harp and Fryent 9. Dudden Hill and Dollis Hill	Supreme Company and Sons Ltd
South	10. Harlesden 11. Willesden Green and Kensal Green 12. Mapesbury and Brondesbury 13. Queens Park and Kilburn	KT's Care Angels Ltd

- 3.2.19 Of the successful providers, all have an established working relationship with Brent – KT's Angels has delivered homecare and supported living services; MNA Homecare was a previous reablement provider; and Supreme Company and Sons have also delivered homecare services for Brent.
- 3.2.20 It is important to emphasise that going forward there is going to be a clear separation between reablement and homecare services. The new providers appointed to be lead reablement providers are not lead homecare providers. They will not be able to continue delivering homecare to a service user at the end of the reablement period. There is no incentive for reablement providers to retain a care package at the conclusion of the reablement episode. There will be a clear separation between the two services, which has been made clear to our lead providers now that contracts have been awarded.
- 3.2.21 The council has started work with the successful reablement providers to ensure that staff working on the reablement contract are fully trained and supported to deliver reablement services. It is vitally important that this staffing cohort have the skills to deliver a service that promotes independence and maximises peoples' abilities to re-learn and use the assets they have to reduce the need for ongoing care. In this respect the approach is different to delivering a homecare service. We will also be challenging providers to ensure that their staffing cohort is as stable as possible, so that Brent benefits from a well trained and experienced workforce.
- 3.2.22 The new reablement contracts have a more collaborative approach that will result in changes in the current delivery of the service and the outcomes we expect from the successful providers. Whilst the previous reablement service had seen some good outcomes and had a positive impact on the cost of care, the council can use reablement to improve the quality of life for service users, improve clients' outcomes and reduce ongoing spend on care for the council.
- 3.2.23 Since the contracts went live in February 2024 there have been regular joint meetings with reablement providers and the Reablement team to develop processes and expectations between the providers, assessors and the Commissioning Service. Through discussion with providers, we have identified a skills gap so we are currently in discussion with training providers to deliver bespoke training for the providers. Training will include use of low level equipment such as working aids, slide sheets, and motivational interviewing, which will be delivered in the coming weeks.
- 3.2.24 The new reablement model will be delivered as an "Integrated Reablement" service which means providers will work alongside Physiotherapists and Rehabilitation teams to provide a holistic reablement service. Enablers will follow a specific support plan and goals for each person receiving support and work daily with the person receiving the reablement service.
- 3.2.25 It is premature to evaluate the successes of the new provider contracts, as they only went live in February 2024. However, a report can be brought back to the Overview and Scrutiny Committee later in the year with some analysis of the benefits of the new approach to reablement and the impact that the new lead providers have had on peoples' care and support.

#### **4.0 Stakeholder and ward member consultation and engagement**

4.1 The reablement service and contract has borough wide implications, but specific consultation has not been carried out with ward councillors for this report. However, ASC did engage with the homecare market and social workers to garner their views and experiences and understand where improvements could be made to services ahead of the reablement contract tender.

## **5.0 Financial Considerations**

5.1 There are no financial implications arising from the report.

## **6.0 Legal Considerations**

6.1 The remit of the Reablement 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

## **7.0 Equity, Diversity & Inclusion (EDI) Considerations**

7.1 Reablement services are for vulnerable people who are disadvantaged due to their disability and/or health conditions. An Equalities Impact Assessment was completed ahead of the service tender and there were no negative impacts identified.

7.2 The service is expected to deliver improved quality of service and service user experience, and to establish a more productive working relationships with providers. Impacts will be monitored throughout the implementation period and beyond via ongoing service user and provider engagement.

## **8.0 Climate Change and Environmental Considerations**

8.1 The reablement service will be delivered using a patch-based model which divides the borough into three patches. Reablement providers are expected to operate within their patch rather than delivering services across the entire borough, with providers operating in a smaller geographical area an enabler will be travelling shorter distances which will promote environmentally friendly ways to travel to their visits such as walking and cycling.

## **9.0 Human Resources/Property Considerations (if appropriate)**

9.1 None.

## **10.0 Communication Considerations**

10.1 None.

**Report sign off:**

***Rachel Crossley***

Corporate Director of Community Health and Wellbeing

***Claudia Brown***

Director of Adult social care