

**Date:** Tuesday 21 January 2025 at 4.00 pm

**Venue:** Jim Cooke Conference Suite, Stockton Central Library, Church Road,  
Stockton-on-Tees TS18 1TU

**Cllr Marc Besford (Chair)**  
**Cllr Nathan Gale (Vice-Chair)**

Cllr Stefan Barnes  
Cllr John Coulson  
Cllr Lynn Hall  
Cllr Vanessa Sewell

Cllr Carol Clark  
Cllr Ray Godwin  
Cllr Jack Miller

## **AGENDA**

### **6 Scrutiny Review of Reablement Service**

To consider feedback from the Stockton-on-Tees Borough Council (SBC) delivery partner, *Peopletoo* in relation to the findings of its review of local reablement provision as part of the ongoing SBC *Powering Our Future*-related work.

(Pages 7 - 24)

**Members of the Public - Rights to Attend Meeting**

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

Contact: Senior Scrutiny Officer, Gary Woods on email [gary.woods@stockton.gov.uk](mailto:gary.woods@stockton.gov.uk)

**KEY - Declarable interests are:-**

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

**Members – Declaration of Interest Guidance**



**Table 1 - Disclosable Pecuniary Interests**

<b>Subject</b>	<b>Description</b>
<b>Employment, office, trade, profession or vocation</b>	Any employment, office, trade, profession or vocation carried on for profit or gain
<b>Sponsorship</b>	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
<b>Contracts</b>	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
<b>Land and property</b>	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
<b>Licences</b>	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
<b>Corporate tenancies</b>	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
<b>Securities</b>	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

\* 'director' includes a member of the committee of management of an industrial and provident society.

\* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

## Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

- a) any unpaid directorships
- b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
- c) any body
  - (i) exercising functions of a public nature
  - (ii) directed to charitable purposes or
  - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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## Adult Social Care and Health Select Committee

21 January 2025

**SCRUTINY REVIEW OF REABLEMENT SERVICE****Summary**

The fourth evidence-gathering session for the Committee's review of Reablement Service will consider feedback from the Stockton-on-Tees Borough Council (SBC) delivery partner, Peopletoo in relation to the findings of its review of local reablement provision as part of the ongoing SBC *Powering Our Future*-related work.

**Detail**

1. In January 2024, SBC announced plans to improve outcomes for residents via a new *Powering Our Future* programme.

<https://www.stockton.gov.uk/article/12669/Council-sets-out-Powering-our-Future-plans-to-improve-outcomes-for-residents>

2. The *Powering Our Future* initiative involved a range of transformation reviews, one of which focused on supporting people to live independently. As part of this work, the Council were exploring what reablement services need to provide to support a broader range of people from local communities and have sought to understand:
  - Who / what is the optimum population SBC could expand its reablement service to?
  - What is the most efficient model to deliver the new service?
  - What size / type of reablement service would be needed to make a positive impact on people with a learning disability / autism / mental health needs?
  - What would be the most effective method of delivering the service to people with a learning disability / autism / mental health needs?
  - How can SBC ensure people receive the right packages of support at the point of hospital discharge?
3. In 2024, SBC commissioned Peopletoo (<https://peopletoo.co.uk/>) to assist the Council in assessing the impact of current ways of working and analyse the best model for continuing to support people to maximise their independence. Peopletoo have recently completed their work and have been invited to share their findings with the Committee.

A presentation has been prepared and is attached. Representatives from Peopletoo are scheduled to be in attendance to provide a summary and address any subsequent Member comments / questions.

4. In related matters, the recently published County Durham Care Partnership newsletter for winter 2024-2025 includes an update on reablement services in that area.

[https://www.cdcarepartnership.co.uk/application/files/7117/3634/4616/CDCP\\_Partnership\\_Newsletter\\_Winter\\_25.pdf](https://www.cdcarepartnership.co.uk/application/files/7117/3634/4616/CDCP_Partnership_Newsletter_Winter_25.pdf)

This followed an evaluation of the current reablement service in County Durham which was carried out by Peopletoo – see the following pages:



News

## Reablement Update

Colleagues in the Integrated Strategic Commissioning Team have been developing a new model for reablement after identifying that the current service needed modernising and increased capacity.

Reablement is a short-term service that helps people regain their independence and confidence after an illness, injury, or hospital stay. Often this involves a type of care that helps people relearn how to do daily activities, like cooking meals and washing.

An evaluation of the current reablement service in County Durham was carried out by Peopletoo, an independent organisation that specialised in supporting health and care organisations to design and implement services. This work included a period of system-wide engagement, which included service users, operational teams, hospital discharge teams, commissioners, providers, therapists and community services. Following this a proposal for a new reablement service has been developed by the Integrated Strategic Commissioning Team based on all the findings.

The new model will be introduced with a phased approach from January and will run through to the end of March 2026. This will allow the new service to be developed incrementally over a period of time, with engagement with stakeholders and service users as needed.

### Key elements

The new model consists of eight key elements, with the first being the adoption of a zoned approach to service delivery. This focusses on three zoned areas where demand has exceeded the current provider capacity:

- Peterlee and Seaham,
- Barnard Castle and Teesdale
- Chester le Street and Sacriston

The aim is to increase capacity by establishing one new provider of reablement per zone with approaches made to existing providers of support and assistance to people in their own homes (domiciliary care) in these zones. Currently all reablement across County Durham is provided by the Human Support Group (HSG). With new providers and additional capacity in place across these 3 zones from 6 January 2025 HSG will continue to provide reablement for the rest of the zones in the county. Weekly mobilisation meetings have been held to drive the work forward.

Support will be made available to help the new providers transition into provision of reablement care as needed, with additional training and support through the County Durham Care Academy and professionals working in this area.







News

**Outcome based** - the second element of the new model is to move towards outcome-based commissioning rather than time and task and with the ability to flex up and down packages. This means trialling a new approach paying per reablement episode and closely tracking key performance indicators. We have co-produced a 'goal plan' for provider staff to use to track service user progress.

**Out of hours support** - the third element will introduce a move to the referrals for reablement only in office hours. Generally, the out of hours element of the reablement service sees low levels of activity disproportionate to the costs of running an out of hours service. In the new service model this process has been simplified with the Short Term Assistance Service (STAS) being expanded to cover any non-complex, out of hours care at home. This change in arrangements has now been implemented.

**Trusted Assessment** - the fourth element will see the introduction of trusted assessment for non-complex equipment requirements, such as a commodes or shower stools, which will help reduce unnecessary handoffs to health and social care professionals for additional assessments. Reablement staff will be able to order simpler pieces of equipment directly from Medequip as a Trusted Assessor.

**Greater use of Technology** - the new model will see technology enabled care embedded into Reablement. This includes activities of daily living monitoring system that can help social care professionals complete objective and evidence-based assessments. This will help people to receive the right level of care and support at the end of the reablement episode. Work on the tender documentation is underway.

**Wraparound therapy support** – the new model will include further development of wraparound therapy support for reablement at home. Some early conversations have taken place with CDDFT to look at how best to embed additional therapy support during reablement.

**Wider support** – work to strengthening support available following reablement support and improved methods for referring into other services, such as VCS, Social prescribing link workers, Wellbeing for Life. Building this resilience help prevent people returning to reablement.

To implement the new reablement model a multi-agency reablement steering group has been set up and a Provider Forum for those providing reablement services will also be established once the services go live.

## New providers visit the Independent Living House

Three of the new providers of reablement, Dale Care, Supportive and Embracing Care met staff from the Equipment Advice Service and adult care staff at the Independent Living House in Spennymoor.

The providers were able to view some of the equipment that can help people with disabilities or mobility issues as part of their reablement support.

Pictured above left to right: Hazel Bainbridge (Dale Care), Hayley Haswell (Embracing Care), Marie Tempest (Durham County Council), Kim Proud (Embracing Care).

5. A copy of the agreed scope and plan for the Committee's review is included for information.

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# Reablement Review –Summary

January 2025

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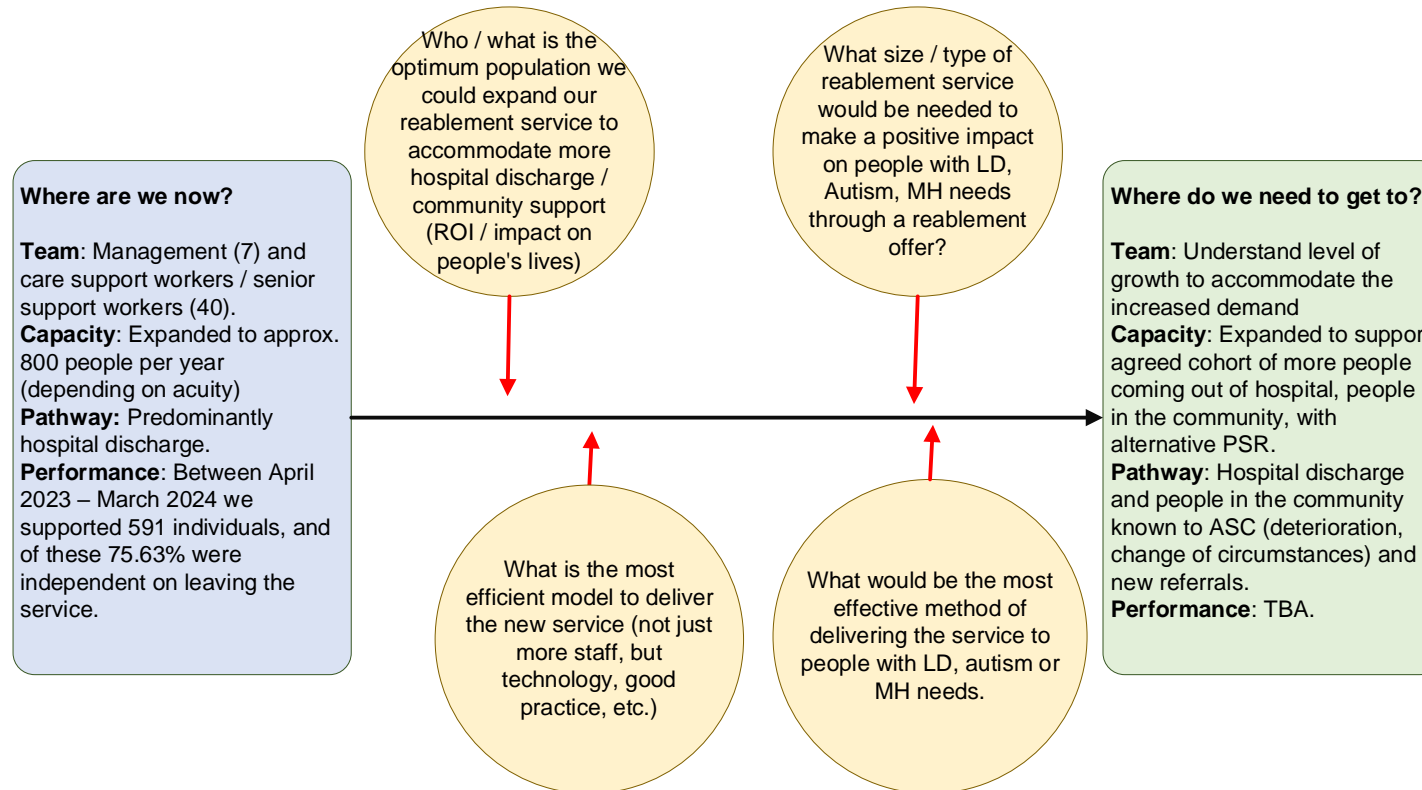
**Peopletoo**  
it works better with you



**Stockton-on-Tees**  
BOROUGH COUNCIL


# Project Scope – Reablement / Enablement / Rehabilitation

- The vision is to ensure residents of Stockton-on-Tees live independently with tailored and timely support.
- Focus areas include reablement expansion, hospital discharge efficiency, enablement services, and performance tracking.



# Peopletoo Review Activity



Visits and shadowing teams 	Case Reviews with Stockton professionals 	Conversations with senior leaders and regional leaders 	Analysing and benchmarking data 
<p>Over 50 touchpoints, including on-site shadowing, visits with workers and meetings at all levels from frontline practitioners to the DAS.</p> <ul style="list-style-type: none"> <li>• Reablement Managers &amp; team</li> <li>• STEPs Team</li> <li>• Community Support Workers</li> <li>• Early Intervention &amp; Prevention</li> <li>• Rosedale Centre</li> <li>• LD &amp; MH Service Manager</li> <li>• Head of Community Services</li> <li>• ISPA Team</li> <li>• Therapies Manager</li> <li>• Scrutiny Manager</li> </ul>	<p>64 cases reviews were completed of a sample identified of 90 cases over x3 workshops prior to Stockton’s CQC inspection visit.</p> <p>32 attendees of disciplines across all teams in Adults social care.</p> <p>Teams who attended include reablement, intermediate care, early intervention &amp; prevention, Learning Disabilities, Mental health, Opps&amp; sensory, adult social care, project delivery, Occupational Therapy, Dementia, Rosedale Centre</p>	<ul style="list-style-type: none"> <li>• Director of Adult Social Care</li> <li>• Assistant Director Adult Social Care</li> <li>• Performance Lead</li> <li>• Finance Lead</li> <li>• Transformation Manager</li> <li>• Assessment and Planning</li> <li>• CIAT – front door</li> <li>• One-call Manager</li> <li>• Specialised Service Manager- NHS</li> <li>• Therapies Manager</li> <li>• STEPs Manager</li> <li>• Early Intervention and Prevention Manager</li> <li>• LD/ MH service Manager</li> </ul>	<ul style="list-style-type: none"> <li>• Open package data</li> <li>• Service Demand data</li> <li>• POPPIPANSI</li> <li>• ASCOF Data</li> <li>• Reablement activity data</li> <li>• Rosedale activity</li> <li>• Discharge data</li> <li>• Phase 1 financial modelling</li> <li>• STEPs activity data</li> <li>• Community Support Worker caseloads and activity</li> <li>• D2A Tracker</li> <li>• One-call activity</li> </ul> <p>**Ad hoc data requests to support analysis</p>

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# Overview of key findings from Reablement



<b>1</b> Improved Independence Outcomes	<ul style="list-style-type: none"><li>• The percentage of clients leaving the service independent increased from 71% in 2023 to 75% in 2024</li><li>• Stockton leads in the region, with 70% of individuals requiring no further services post- reablement, compared to 54% regionally and 45% among CIPFA group averages</li></ul>
<b>2</b> Increasing Referrals	<ul style="list-style-type: none"><li>• Referrals have grown significantly, with an 85% increase in October 2024 compared to October 2023, aligned to bringing D2A service into Reablement.</li><li>• The majority of referrals come from hospital discharge (66%)</li><li>• Population aging and health inequalities are driving higher demand for adult social care services.</li><li>• Capacity in the service can lead to waiting lists and some missed opportunities for early intervention.</li></ul>
<b>3</b> Challenges with Declined Referrals	<ul style="list-style-type: none"><li>• Of the referrals declined, 73% were declined primarily due to capacity constraints and lack of availability for double- handed care of evening calls.</li><li>• Bottlenecks in care transitions, delaying timely support beyond six weeks.</li><li>• Miscommunication about reablement purpose in and duration by referrers leads can lead to mismatched client expectations.</li></ul>
<b>4</b> Staff and Workforce Development	<ul style="list-style-type: none"><li>• Staff retention is strong, but there are capacity challenges due to sickness, health leave and retirements</li><li>• Training gaps exist, particularly for working with clients with learning disabilities, mental health issues or autism</li></ul>
<b>5</b> Digital and Technological Integration	<ul style="list-style-type: none"><li>• While power BI tools are in use, daily operations still rely on excel spreadsheets indicating a need for further digital transformation</li><li>• There is potential for increased use of assistive technology to improve outcomes</li></ul>
<b>6</b> Benchmarking and Performance	<ul style="list-style-type: none"><li>• Stockton demonstrates strong performance in promoting independence and reducing transitions to long- term care compared to its peers</li></ul>
<b>7</b> Cost and Resource Efficiency	<ul style="list-style-type: none"><li>• Average cost per episode of reablement is estimated at £1600, with an average of 22/23 hours of care per episode</li><li>• There is the potential to increase community referrals by targeting identified profiles with potential for independence.</li><li>• There is a potential cost avoidance savings by improving referral pathways and expanding service capacity.</li></ul>

# Overview of key findings from Hospital Discharge



1	Reablement uptake	<ul style="list-style-type: none"><li>A high proportion of patients are directed to Pathway 2 (Rosedale overnight beds), limiting independence-promoting pathways.</li></ul>
2	Delays in Hospital Discharge	<ul style="list-style-type: none"><li>Delays are consistent in the process, though are concentrated around ISPA triage and their interface with SBC services, with 812 days delayed reported within a 5-month period (June-November).</li><li>Paper-based and inconsistent SBARD forms exacerbate delays due to miscommunication and inefficiencies.</li></ul>
3	Over-prescription and Risk Aversion	<ul style="list-style-type: none"><li>Decisions by health services often prioritise quick discharge and can subsequently lean towards: overprescription, inappropriate referrals, and pathways that do not optimise independence.</li><li>Limited in-person assessments at home contribute to poor risk management and suboptimal pathway allocation</li></ul>
4	Strain on Rosedale Centre	<ul style="list-style-type: none"><li>Rosedale beds experience high demand due to inefficiencies in other pathways.</li><li>Current capacity is constrained by operational inefficiencies (e.g., time-intensive MAR form completion).</li></ul>
5	ISPA and multi- disciplinary Gaps	<ul style="list-style-type: none"><li>ISPA lacks integration with OTs and CIAT, reducing its ability to make accurate pathway decisions.</li><li>Goal-setting and therapy-based interventions are often missed due to these gaps.</li></ul>

# Overview of Overall Opportunities



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Short Term	Medium Term	Long Term
<p><b>Pilot Enablement Pathways:</b></p> <ul style="list-style-type: none"> <li>- Collate learnings from the enablement support provided at existing Learning Disability Respite and Day Services</li> <li>- Develop a pilot to provide intensive goal-focused enablement to clients currently living at home to support continued independence and progression towards goals</li> <li>- Develop clear KPIs and tracking to monitor and report on progress of Pilot</li> </ul>	<p><b>Enhance Reablement Based Services:</b></p> <ul style="list-style-type: none"> <li>- Grow home-based reablement solutions, including home adaptations and technology-enabled care (incl. expansion of One-Call)</li> <li>- Collaborate with local organisations to enhance community support networks</li> <li>- Look at how the capacity for evening and double handed care slots and develop</li> </ul>	<p><b>Embed Reablement as Core Practice:</b></p> <ul style="list-style-type: none"> <li>- Transition to a model where all eligible service users undergo a reablement assessment as a standard procedure</li> <li>- Use reablement outcomes as key performance indicators for service evaluation</li> </ul>
<p><b>Enhance Frontline Training:</b></p> <ul style="list-style-type: none"> <li>- Equip care practitioners with tools and skills to integrate reablement principles in daily activities</li> <li>- Conduct workshops and refresher courses to embed a culture of enablement and enablement across teams</li> </ul>	<p><b>Optimise Resource Utilisation:</b></p> <ul style="list-style-type: none"> <li>- Focus on clients with high potential to benefit such as individuals transitioning from hospital care or those with complex needs</li> </ul>	<p><b>Sustain Financial Savings:</b></p> <ul style="list-style-type: none"> <li>- Invest cost savings from reduced long-term care reliance into innovative enablement programs and workforce development</li> <li>- Monitor expenditure trends to ensure sustainability</li> </ul>
<p><b>Streamline Data Collection:</b></p> <ul style="list-style-type: none"> <li>- Improve data accuracy and timeliness to support decision-making</li> <li>- Standardise data collection and reporting processes across workstreams</li> </ul>	<p><b>Improve Interdepartmental Coordination:</b></p> <ul style="list-style-type: none"> <li>- Integrate PMO insights with operational planning to ensure alignment between strategic goals and frontline execution</li> </ul>	<p><b>Evaluate and Scale Successful Models:</b></p> <ul style="list-style-type: none"> <li>- Continuously assess pilot programs to identify best practices</li> <li>- Scale proven enablement models across all relevant service areas</li> </ul>



# How this could be implemented

## Reablement



### Step 1: Develop Clear Criteria and Educate on Reablement Offer

- Optional: Complete a questionnaire to assess practitioner confidence in reablement aims, opportunity and eligibility
- Develop a training session on the benefits of reablement and outline profiles of clients that would be eligible and are likely to benefit
- Deliver the training session to Assessment and Support Planning and Brokerage teams to identify clients with reablement potential
- Update Adult Social Care Practitioner Onboarding to include the reablement training essentials
- Review inappropriate referrals and develop criteria to utilise capacity currently spent with inappropriate referrals

### Step 2: Generate Reablement Capacity

- Review declined referrals for capacity and consider problem solving trends (creating capacity for evening slots)
- Review downtime opportunities and create a capacity report shared weekly amongst leadership teams
- Develop shadowing or deliver training to reablement coordinators on working with clients with different needs (LD, Autism, MH)
- Review opportunities to reduce time spent on paperwork by exploiting technology that allows this work to be completed on visits

### Step 3: Community Referral Process

- Create a waitlist of clients that have been identified to benefit for reablement at the point of Assessment/Review (non-urgent referrals)
- Utilise available capacity and new capacity generated from previously accepted inappropriate referrals to deliver reablement support during quieter periods

### Step 4: Outcome Monitoring and Reporting

- Set up measures that track outcomes and associated benefits from changes over time to identify trends and continue high performance
- Assess and adapt based progress and capacity

# How this could be implemented

## Hospital Discharge

### Step 1: Delay Root Cause Analysis and Solution Generation

- Understand current system approach and uncover opportunities to strengthen partnership working and improve outcomes
- Organise and deliver a series of workshops to identify causes driving delays begin solution generation
- Agree solutions to be taken forward and communicate with teams
- Create implementation plan

### Step 2: Pathway Decision Making Workshop

- Deliver a workshop to identify criteria for pathway decision making with a multi-disciplinary team
- Define criteria for each pathway to assist decision making
- Agree solutions to be taken forward to optimise practice and process and communicate with teams
- Create implementation plan

### Step 3: Positive Risk Enablement Training & Strength-Based Practice

- Develop a training session and toolkit for hospital workforce and Assessment and Support Planning teams
- Implement a re-occurring case audit to challenge positive risk enablement
- Review forms and processes to optimise positive risk-taking enablement

### Step 4: Data Collection, Visibility and Reporting

- Agree data points to be collected to support outcome and performance monitoring
- Develop reporting mechanisms to enable tracking of progress against targets

High Level Steps - Subject to existing workstreams and feedback on final report

<b>Adult Social Care and Health Select Committee</b>
<b>Review of Reablement Service</b>
<b>Outline Scope</b>

<b>Scrutiny Chair (Project Director):</b> Cllr Marc Besford	<b>Contact details:</b> <a href="mailto:marc.besford@stockton.gov.uk">marc.besford@stockton.gov.uk</a>
<b>Scrutiny Officer (Project Manager):</b> Gary Woods	<b>Contact details:</b> <a href="mailto:gary.woods@stockton.gov.uk">gary.woods@stockton.gov.uk</a> 01642 526187
<b>Departmental Link Officer:</b> Rob Papworth (SBC Strategic Development Manager (Adults & Health))	<b>Contact details:</b> <a href="mailto:rob.papworth@stockton.gov.uk">rob.papworth@stockton.gov.uk</a>
<b>Which of our strategic corporate objectives does this topic address?</b>	
<p>The review will contribute to the following Council Plan 2023-2026 key objectives (and associated 2023-2024 priorities):</p> <p><i>A place where people are healthy, safe and protected from harm</i></p> <ul style="list-style-type: none"> <li>• Support people to remain safely and independently in their homes for as long as possible and offer help to people who are feeling lonely.</li> <li>• Engage with individuals, families, carers and communities when developing adult social care support and continue to collaborate with the NHS to ensure health and care services work effectively together.</li> </ul>	
<b>What are the main issues and overall aim of this review?</b>	
<p>‘Reablement’ is a short period of rehabilitation which usually takes place in a person’s own home.</p> <p>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 care at home. It is also cost-effective for health and adult social care services, both reducing pressure on bed-capacity in hospitals and the need for large packages of ongoing community or residential or nursing care. Research has continued to evidence that most people prefer to remain in their own homes and communities.</p> <p>Locally, the Reablement Service provides support for people with poor physical or mental health to help them manage their illness / condition by learning or re-learning the skills necessary for daily living (so that they can remain in the community). The service seeks to ensure that people can maximise their independence when they need it – this can include both ‘step-up’ care (escalation of need for people already supported to live independently) as well as ‘step-down’ (to avoid hospital admission or ensure safe discharges). It also promotes and supports people to be more independent and reduce the need for long-term service provision for as long as possible.</p> <p>The offer is provided free (as mandated by the Care Act 2014) for the person receiving support for up to a maximum of six weeks. A person with ongoing care and support needs following this six weeks will be financially assessed for their ongoing contribution to their care.</p>	

There are a number of Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) projects that link to this review; 'Supporting People to Live Independently' and 'Early Intervention and Prevention'. The final report produced by the Adult Social Care and Health Select Committee will be submitted to these workstreams for their awareness.

The aim of the review is to identify whether the Reablement Service offered by the Council is:

- 1) maximising independence for people being discharged from hospital and living in the community.
- 2) reducing the need for ongoing, more intensive support in people's own homes and reducing the need for admission into 24-hour care.
- 3) working effectively with NHS provision that supports people on a reablement pathway.
- 4) using technology as effectively as possible.

**The Committee will undertake the following key lines of enquiry:**

Which organisations are involved in the planning and delivery of the existing local Reablement Service and what role do they play?

How much does the service cost the Council and its partners, and how is it funded? Is current funding sufficient for future projected provision?

What is the previous / current / anticipated capacity and subsequent demand for use of the service?

How is the service promoted and how do people access it / how are they identified as potentially benefitting from it?

How does the Council and the NHS monitor the impact and effectiveness of the service?

What technology is used within current service provision? What options are there to incorporate technology in future service provision?

Is there an opportunity to involve the VCSE more in the reablement pathway.

Feedback from service-users and their families / carers – how easy was it to access; did the service help an individual's independence; was Council and NHS provision provided in a seamless way?

**Who will the Committee be trying to influence as part of its work?**

Council, Cabinet, North East and North Cumbria Integrated Care Board (NENC ICB), local NHS Trusts, social care providers, public.

**Expected duration of review and key milestones:**

6 months (report to Cabinet in March 2025)

**What information do we need?**

Existing information (background information, existing reports, legislation, central government documents, etc.):

- Social Care Institute for Excellence (SCIE): Role and principles of reablement (<https://www.scie.org.uk/integrated-care/intermediate-care-reablement/role-and-principles-of-reablement/>)
- NHS: Care after illness or hospital discharge (reablement) (<https://www.nhs.uk/conditions/social-care-and-support-guide/care-after-a-hospital-stay/care-after-illness-or-hospital-discharge-reablement/>)

- Care Quality Commission (CQC): SBC Reablement Service (latest inspection – May 2021) (<https://api.cqc.org.uk/public/v1/reports/40ab9f3d-8d99-463f-a538-6e615a29fb73?20210521120000>)

Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)

What specific areas do we want them to cover when they give evidence?

Stockton-on-Tees Borough Council

- Adults, Health and Wellbeing (Strategy and Transformation)

- Legal requirements regarding reablement
- Existing service structure, costs and funding
- Access / promotion of service and levels of demand
- Impact of service and current / future challenges
- Views on planning and delivery of existing service

- Reablement Manager and staff
- Service Managers for Reablement / Social Care Teams / Social Workers

- Role within reablement provision
- Views on existing local service / feedback received

North East and North Cumbria Integrated Care Board (NENC ICB)

- Role within reablement provision
- Partnership-working with the Council
- Views on existing local service / feedback received

Local NHS Trusts

VCSE Sector

- Potential for involvement in reablement pathway

Service-Users and Families / Carers

- Views on experience of service / ways to improve

Other Local Authority Areas

- Any alternative approaches to reablement provision

**How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)**

Committee meetings, reports, research, reviewing existing / seeking provider and service feedback, site visits (TBC)

***Communities Powering Our Future: How will key partners and the public be involved in the review?***

Committee meetings, information submissions, analysis of historical / new feedback on services.

**How will the review help the Council meet the Public Sector Equality Duty?**

The Public Sector Equality Duty requires that public bodies have due regard to the need to advance equality of opportunity and foster good relations between different people when carrying out their activities. This review will be mindful of these factors.

**How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?**

Stockton Joint Strategic Needs Assessment (JSNA): Information gathered will contribute to the ongoing development of the JSNA.

Stockton-on-Tees Joint Health and Wellbeing Strategy 2019-2023: Maximising health and wellbeing.

**Provide an initial view as to how this review could lead to efficiencies, improvements and / or transformation:**

- Maximising independence and reduced need for more intensive support at home or within 24-hour care provision.
- The use of technology is an effective enabler for people's independence and supports people to live their lives as independently as possible.

<b>Project Plan</b>
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<b>Key Task</b>	<b>Details/Activities</b>	<b>Date</b>	<b>Responsibility</b>
<b>Scoping of Review</b>	Information gathering	<b>June / July 2024</b>	Scrutiny Officer Link Officer
<b>Tri-Partite Meeting</b>	Meeting to discuss aims and objectives of review	<b>09.09.24</b>	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
<b>Agree Project Plan</b>	Scope and Project Plan agreed by Committee	<b>17.09.24</b>	Select Committee
<b>Publicity of Review</b>	Determine whether Communications Plan needed	<b>TBC</b>	Link Officer, Scrutiny Officer
<b>Obtaining Evidence</b>	SBC Adults, Health & Wellbeing  NENC ICB  Local NHS Trusts  Peopletoo  Catalyst / VCSE sector Service-user / family feedback Other Council approaches	<b>22.10.24</b>  <b>19.11.24</b>  <b>17.12.24</b>  <b>21.01.25</b>  <b>18.02.25</b>	Select Committee
<b>Members decide recommendations and findings</b>	Review summary of findings and formulate draft recommendations	<b>18.03.25</b>	Select Committee
<b>Circulate Draft Report to Stakeholders</b>	Circulation of Report	<b>March 2025</b>	Scrutiny Officer
<b>Tri-Partite Meeting</b>	Meeting to discuss findings of review and draft recommendations	<b>TBC</b>	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
<b>Final Agreement of Report</b>	Approval of final report by Committee	<b>22.04.25</b>	Select Committee, Cabinet Member, Director
<b>Consideration of Report by Executive Scrutiny Committee</b>	Consideration of report	<b>[20.05.25]</b>	Executive Scrutiny Committee
<b>Report to Cabinet / Approving Body</b>	Presentation of final report with recommendations for approval to Cabinet	<b>15.05.25</b>	Cabinet / Approving Body

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