

Adult Social Care and Health Select Committee

Scrutiny Review of Reablement Service

Executive Summary

- 1.1 This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Reablement Service.
- 1.2 'Reablement' is a short period of rehabilitation which usually takes place in a person's own home.
- 1.3 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.
- 1.4 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.
- 1.5 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.
- 1.6 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.
- 1.7 The aim for this review was to identify whether the Reablement Service offered by SBC was:
 - a) maximising independence for people being discharged from hospital and living in the community.
 - b) reducing the need for ongoing, more intensive support in people's own homes and reducing the need for admission into 24-hour care.
 - c) working effectively with NHS provision that supports people on a reablement pathway.
 - d) using technology as effectively as possible.

- 1.8 The Committee found that, rooted within legislation (Care Act 2014 s2) which requires Local Authorities to prevent, reduce or delay needs for care and support for all adults (including carers), 'reablement' was one of several short-term offers involving NHS and social care services (alongside home-based, bed-based, and crisis response care) which come under the wider umbrella of 'intermediate care'. The Care Act regulations compel Councils to provide reablement support free-of-charge for a period of up to six weeks (this was for all adults, irrespective of whether they had eligible needs for ongoing care and support).
- 1.9 Reablement involves the provision of assistance within a person's own home. This assessment and support service helps an individual to do tasks (e.g. washing, getting dressed) for themselves rather than relying on others, with support workers operating alongside the person while they regain skills and confidence. The aim was to maximise independence (doing tasks 'with' them, not 'for' them), and the service can be used to support discharge from hospital, prevent re-admission, or enable an individual to remain living at home.
- 1.10 The SBC Reablement Team was expanded in October 2024 as the Council continues its focus on early intervention and prevention as part of its ongoing *Powering Our Future* (POF) initiative. Visits to service-users occur up to four times per day, with Senior Support Workers holding regular weekly reviews with individuals to ensure they were on track to achieve their goals and adjust their support plan accordingly (they were also able to assess and order low level equipment to aid independence).
- 1.11 Other relevant stakeholders include the NHS North East and North Cumbria Integrated Care Board (NENC ICB), which has a key role in overseeing the health and care 'system' to plan, design and deliver intermediate care services (including reablement) following hospital discharge, with the local priority on people gaining and maintaining independence for as long as possible. The North Tees and Hartlepool NHS Foundation Trust (NTHFT) was another key partner within local integrated services, working alongside SBC to provide an Integrated Single Point of Access (ISPA). There was also a well-established Integrated Discharge Team (contributing to the Trust having one of the top performing Emergency Departments in England – a reflection of the strength of pathways in place to get people home), as well as a Community Integrated Assessment Team (CIAT) which worked in collaboration with the SBC Reablement Service.
- 1.12 A significant majority of referrals into the SBC Reablement Service came directly from hospital (with the rest from the community). The service may be accessible if an individual has a temporary illness / accident, a crisis, a change in their (or their carers') circumstance, or to avoid unnecessary admission to hospital. Where a 'need' (not a 'want') had been identified, individuals would be referred following an assessment via a health or social care professional – any subsequent support could be tailored to the individual, and its duration was dependent upon their progress (i.e. this free service could be less than the maximum six-week period). For those not in hospital, it was not clear how the Council or its partners identified individuals who may benefit from the service.
- 1.13 In terms of public awareness and promotion of this type of provision, there were several references over the course of the review to the vagaries around the term 'reablement' itself. The Committee recognise that this is accepted health terminology, but there is clearly a need to fully explain and promote what reablement actually entails so the public have a better understanding of how these services can help them or a loved one. In addition, published NHS survey data suggests local Trusts have work to do in providing clarity around available options following discharge – this was reinforced by customer feedback presented to the Committee, as well as the Reablement Service staff who reported that the people they support were often unaware of local provision. Furthermore, Adult Social Care Outcomes Framework (ASCOF) data showed that the proportion of older people (aged 65

or over) offered reablement services following discharge from hospital (measure 2D2) was consistently lower in the Borough compared to regional and national scores for every year since 2019-2020 – this is perhaps surprising given NTHFTs stated recognition that the Borough's reablement provision played a key role in the ongoing strong local performance around hospital discharge, much of which reflected the established partnership between NTHFT and SBC.

- 1.14 The Better Care Fund (BCF) was used as a mechanism to bring NHS services and Local Authorities together to tackle strains faced across the health and social care system, and to drive better outcomes for people. Reablement services were one of the Stockton-on-Tees BCF schemes to meet one of the two BCF core objectives, namely 'to enable people to stay well, safe and independent at home for longer'. The existing local offer was fully funded via the BCF, with the budget for 2024-2025 (£1.2m) increasing by around 20% (principally due to anticipated changes with the previous Discharge to Assess (D2A) arrangements) compared to the allocated funds for 2023-2024 – the vast majority of these financial resources covering staff salaries. Future funding levels (still to be clarified) will need to reflect the desired ambition to support a greater number of people leaving hospital or to prevent them from having to be admitted in the first place.
- 1.15 591 individuals were supported by the SBC Reablement Team between April 2023 and March 2024 (with no waiting list as of January 2025). The recent expansion of the local offer, with SBCs move to bring this fully in-house from autumn 2024 endorsed by the NENC ICB, meant that existing structures were deemed sufficient to deal with the Council's projections on the numbers requiring support (though issues would inevitably follow should these projections be exceeded, as would staff absences as a result of sickness / COVID). However, the expected 20%+ increase of those aged over 65 in the next 10 years will inevitably challenge the status quo.
- 1.16 Regarding impact and effectiveness, the Committee heard that just over 75% of the 591 people supported during 2023-2024 were independent on leaving the service. Local reablement performance had been consistently better than the regional and national averages over the past four years, with the 2023-2024 data ranking Stockton-on-Tees eighth in the country (top in the region) – this was reinforced by the numerous positive comments from service-users about their own experiences. In addition, the service had been shortlisted for the regional (North East and Scotland) Great British Care Awards in the categories of 'Team Award', 'Newcomer to Care', 'Co-ordinator', and 'Care Manager', and the CQCs last inspection in mid-2021 rated the service 'Good' overall (though this was now quite dated).
- 1.17 An understanding around the types of technology used as part of current reablement provision was not established, though the reported focus on increasing its use (e.g. pilot assessment of activity monitoring technology, implementation of OPTICA, etc.) demonstrates a recognition of the potential benefits and the continuing evolution of the existing offer. Examples of technology-related opportunities were highlighted to the Committee which should be further explored by SBC and its partners alongside the front-door proposals being considered by the Council in March 2025.
- 1.18 The Committee was informed that there were no specific reablement services currently being delivered by VCSE organisations, nor was there a large quantity of reablement-related activity happening across the Borough within this sector – this suggests there is an opportunity for greater utilisation of the VCSE sector in local reablement provision. The former Five Lamps 'Home from Hospital' service (which ended in March 2024) was a relevant offer in relation to this scrutiny topic, with Catalyst relaying the opinion from some that its cessation had meant there was now a gap within the community for such provision.

SBC has made the decision to expand its own reablement offer, but to meet projected future need, a role for the VCSE sector seems prudent and potentially necessary.

- 1.19 Information was received in relation to customer feedback and there appeared broad satisfaction with the level of service. As previously highlighted, an issue was frequently raised around a lack of awareness of the local offer and the lack of information provided about it within the hospital setting.
- 1.20 Views of SBC Reablement Service staff about existing provision were sought as part of the Committee's review. There was high praise for the current arrangements, working in conjunction with other professionals (physio, therapy team), communication (in-house and with clients / families), and support from management and office staff. In terms of improvements, suggestions included better provision of information about the service (within, and upon discharge from, hospital), more detailed information about an individual when a referral is received, the retention of input from physios / therapy team, ensuring continuity of care (as far as possible), and improved out-of-hours provision / staffing. It was also highlighted that individuals were sometimes willing to pay so they could continue to receive support beyond the six-week limit.
- 1.21 Reflecting upon the timing of this review, the Committee notes the challenges that have arisen when trying to examine a service which is rapidly evolving, with decisions on its future direction being made throughout the Committee's evidence-gathering phase. The Council's use of an external consultant (Peopletoo) to also review local provision during this time has identified a host of additional findings and potential options for future delivery. The Executive Summary of the report detailing the work undertaken by Peopletoo highlights the intention to improve performance monitoring as part of a phased enhancement of reablement and preventative services – the Committee welcomes this, particularly in light of the ongoing delays around SBC performance information being made available to the scrutiny function. Reference is also made on the Peopletoo website (see <https://peopletoo.co.uk/case-studies/adult-social-care/enhancing-independence-through-reablement-and-enablement/>) to significant financial benefits as a result of their work / proposals – the Committee look forward to seeing the extent to which this claim is borne out.
- 1.22 Continuing national coverage regarding pressures on hospitals, well-established benefits of people being at home, and the anticipated rise in the number of people aged 65 and over (the main demographic for reablement support) are all elements which emphasise the importance of services like reablement. Managing the flow of those leaving hospitals can be challenging enough given resource limitations, and widening this type of support to help avoid admittance to hospital in the first place will inevitably provide a further stress on the existing service. Whilst the true value of social care is clearly reflected in provision such as reablement, the ambition to widen access (potentially to a 24/7 model and including those with a mental health need, autism or learning disability) will require a significant commitment in terms of funding, and indeed staffing, to make the maximum amount of difference to the wider system and, even more importantly, the individuals and their families / carers whose lives are clearly enhanced by drawing on such services.

Recommendations

The Committee recommend that:

- 1) **The NHS North East and North Cumbria Integrated Care Board (NENC ICB):**
 - a) **provides a summary on the gap analysis of the NHS England good practice guidance for ICBs (commissioners and providers) titled '*Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge*' (2023), along with assurance on how it and its partners will be addressing any identified issues (e.g. a self-assessment by all relevant organisations within the health and care 'system').**
 - b) **more explicitly outlines the role and importance of reablement services (within the context of the overall health and care 'system') in future iterations of its overarching integrated care strategy.**
- 2) **North Tees and Hartlepool NHS Foundation Trust (NTHFT) reviews its discharge processes to ensure that eligible individuals who are ready to leave hospital are made fully aware of local reablement provision and are referred to it upon discharge from hospital.**
- 3) **Principal links / contacts for Stockton-on-Tees Borough Council (SBC), NTHFT and the voluntary, community and social enterprise (VCSE) sector in relation to local reablement provision are identified / confirmed and shared in order to improve communication between key partners.**
- 4) **SBC and NTHFT establish required person-centred information on an individual when a referral is made into the SBC Reablement Service.**
- 5) **Regarding the future local reablement offer, SBC:**
 - a) **provides a summary of any differences in the findings of the Peopletoo review and reablement-related commentary from the Care Quality Commission (CQC) following its late-2024 inspection of SBC adult social care services.**
 - b) **confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this, and provides assurance on appropriate training uptake for new and existing staff.**
 - c) **explores whether any of its existing social care workforce outside the current SBC Reablement Service structure (e.g. Community Support Workers) can be utilised to increase staffing capacity for reablement provision.**
- 6) **SBC considers cost-effective options (and the communication of these) for individuals leaving the SBC Reablement Service to ensure a smooth transition from this initial support.**

(continued overleaf...)

Recommendations (continued)

The Committee recommend that:

- 7) To increase public understanding of the Borough's reablement offer:**
 - a) SBC and its partners assure themselves that they are adhering to the Social Care Institute for Excellence (SCIE) '*Supporting client and family engagement with reablement*' (2024) guidance, utilising this resource to effectively raise awareness and promote the Borough's reablement offer.**
 - b) SBC undertakes a joint communications campaign (repeated on a periodic basis) with NTHFT and the VCSE sector around local reablement services, making it clear what they involve, how they are accessed (including contact details), and the principal benefits.**
- 8) Healthwatch Stockton-on-Tees be asked to consider facilitating a public survey in 2026 to establish the availability of information on the local reablement offer for those who had spent time in hospital and the experiences of those who had received support from the service.**