

Agenda item:

**[No.]**

**Cabinet Member Signing**

**17th October 2011**

Report Title: **The new Reablement Service and the proposed closure of the in-house Home Care Service**

Report of: **Mun Thong Phung, Director of Adult and Housing Services**

Signed:

Contact Officer: Lisa Redfern, Deputy Director, Adult and Community Services

Wards(s) affected: All

Report for: Key

**1. Purpose of the report**

- 1.1. The issue under consideration is whether the Cabinet Member for Health and Adult Services should confirm the Cabinet decision in principle, initially taken on 21<sup>st</sup> December 2010, to close the home care service and commence a new reablement service, taking into account the consultation outcomes, as well as the relevant equalities impact assessments.
- 1.2. If agreed, the jobs of some staff in the current home care service will be placed at risk; however, some will be recruited to work in the new reablement service and some will be opting for voluntary redundancy in advance of any changes becoming operational in February 2012.

**2. Introduction by Cabinet Member**

- 2.1. This proposal follows the imposed budgetary cuts on Local Authorities by the Coalition Government. Whilst Haringey's own small in-house home care service offers a good quality service, it is expensive to run and we must be satisfied that we deliver good quality services in the most efficient and cost effective way. The new reablement service will not only improve quality and maximise a person's independence and quality of life outcomes but through better ways of working,

service re-design, more flexible contracts, an integrated service with the NHS, greater efficiencies can be achieved. This model is tried and tested and has been used successfully elsewhere, i.e., a smaller in-house service but completely re-modelled with its focus on joint, short-term reablement.

- 2.2. We face a challenging budgetary framework in which to operate and a number of proposed Adult Social Care reductions to consider, including this proposed closure of the in-house home care service. I am being asked, as the responsible Cabinet Member, to consider closing this service, saving a total of £1.563 million in 2012/13. I am confident that we have equally high quality personal care providers in the independent sector as evidenced by the Care Quality Commission's assessments.

**3. State link(s) with Council Plan Priorities and actions and /or other Strategies:**

- 3.1. Adult and Community Services Council Plan Priorities are:

- Encouraging lifetime well-being at home, work, play and learning;
- Promoting Independent living while supporting adults and children in need; and
- Delivering excellent customer focused cost effective services.

Full Council Plan Priorities can be found on the left hand side of the page at <http://harinet.haringey.gov.uk/index.htm>.

- 3.2. This is in line with the transformation of Adult Social Care: "[Putting People First](#)" (December 2007) and "[Think Local, Act Personal](#)" (last updated April 2011) as Reablement is seen as the preliminary step as part of assessing a person for a personalised budget.

**4. Recommendations**

- 4.1. The following recommendations are being made for consideration by the Cabinet Member, in the context of the Haringey Efficiency and Savings Programme [HESP]: In considering the following recommendations, the Cabinet Member should take into account the outcome of the consultation process and the attached Equalities Impact Assessment (Appendix 3), including the outcome of the consultation with trade unions and staff (Appendix 5)
- a) The gross cost of the current Home Care service is £2.805 million. The Cabinet Member is recommended to agree to close the current in-house home care service by end March 2012, at the latest, thus confirming the Cabinet decision in principle taken in December 2010; and
  - b) The Cabinet Member is recommended to agree the establishment of a new, focused, in-house reablement service, at a cost of £1.242 million, to be operational by end March 2012 at the latest.

- 4.2. Agreement of both these recommendations will result in net HESP savings of £1.563 million from April 2012 onwards.

**5. Reason for recommendation(s)**

- 5.1. The proposal to close the in-house home care service was first considered by Cabinet as part of the HESP proposals and discussed by Members on 21<sup>st</sup> December 2010. A separate proposal to establish a new smaller reablement service, funded by savings from the current home care service, was proposed at the same meeting.
- 5.2. The issue under consideration is whether the Cabinet Member should confirm the Cabinet decision in principle, initially taken on 21<sup>st</sup> December 2010, to close the home care service and, separately, commence a new reablement service, taking into account the consultation outcomes, as well as the relevant equalities impact assessments.
- 5.3. If agreed, the jobs of some staff in the current home care service will be placed at risk, though some will be recruited to work in the new reablement service via the redeployment process and some will be opting for voluntary redundancy in advance of any changes becoming operational in February 2012.
- 5.4. The importance of the new reablement service is that it will become a key part of the overall transformed adult social care service. This is planned to be in place and to be fit for purpose in the lead up to the April 2013 roll out of Personal Budgets for all people receiving social care by April 2013. This expected outcome is set out in the national policy document "Think Local Act Personal". Where appropriate, people will be offered reablement /rehabilitation before they are assessed for their personal budgets which, in many cases, will reduce their long-term dependency and thus the size of ongoing care packages. The new reablement service is therefore part of a bigger jigsaw of service developments aiming for that ultimate objective.
- 5.5. It is also clear from a range of sources, most recently the Audit Commission "Improving Value for Money in Adult Social Care" (June 2011) that a well-run reablement service is capable of generating direct Value for Money [VFM] efficiencies and that other local authorities (21%) have already begun or completed the process of outsourcing the home care services and are converting the remainder to providing a reablement approach. 54% of all Councils have made efficiencies by using reablement and other intermediate care schemes. 81 Councils have cited reablement in their 2009/10 efficiency statements as generating savings of varying amounts (See Appendix 1 - What is a Successful Reablement Service?).
- 5.6. The size of the proposed new in-house Reablement Service will be approximately 30% of the current home care service. (30 Full Time Equivalent (FTEs), including

4 FTE office based staff, in comparison to 94.4 FTE prior to the voluntary redundancy process) due to the fact that it will be focused on providing services for a maximum of six weeks following which people still requiring a personal care service will be passed on to external contracted providers in the independent sector for any ongoing care needs. Achieving a high standard of service and throughput is critical. We need to sustain our “excellent” performance indicator on delayed discharges from hospital.

- 5.7. The approach will be to frequently review and reduce levels of support to the minimum necessary as the capacities and abilities of the person increases (the ideal will be that the person will no longer need the service after six weeks, if not before, and therefore not need any form of ongoing personal care/support service, thus reducing ongoing pressures on the commissioning budgets for older people).
- 5.8 The service will also be proactively working in partnership with Age UK to use the services of volunteers during and after the reablement period to add an extra dimension to the process of rehabilitation and eventual independence of service users. All those passing through the reablement process will also receive a fire risk assessment, a Telecare assessment, a basic foot care assessment to reduce the risk of falls, an assessment for the Handy Person service and a discussion with them/their family as to whether additional input to reduce social isolation is required. This would be provided during the six week reablement period via The Haven day centre
- 5.9. The budget for the proposed reablement service is £1.242 million, following the first phase of the HESP programme. It is now proposed to design and establish a new reablement service and close the current in-house home care service, rather than reorganise it, in order to increase efficiency and flexibility of delivery and thus release a further tranche of savings (£500k).
- 5.10. This process will be carried out in the wider context of readily accessible guidance, based on best practice as set out by the Department of Health, via the [Care Services Efficiency Delivery](#) (CSED) work stream.
- 5.11. It is intended that staff in the new reablement service are to be recruited from those currently working in the home care service, as part of the Council redeployment processes. Any displaced home care staff that have either chosen not to apply for roles in reablement or have been unsuccessful in obtaining a role in the new reablement service, will be issued with notice of redundancy.
- 5.12. It is considered that, subject to the agreement of the Cabinet Member and at Corporate Committee, both options will be achievable within the Human Resources and Financial procedures of the Council, within the planned timescales. There are a considerable number of CQC registered home care providers (circa 80) in the independent sector both in Haringey and on Haringey borders. There are only four people still in receipt of an ongoing long-term home care service.

5.13. Detail in relation to the manner in which the new service is to run is included as Appendix 2 – “Reablement; the new service model”.

## **6. Other options considered**

6.1. Members will be aware that a saving of £1.062m has previously been agreed, resulting from closure of the existing Home Care service and creating the new reablement service. The model for the new service was, at that time, based on a 50:50 contact/non-contact time ratio, in line with the current home care service. As plans are developed further, and with the abolition of time slots, it is anticipated that a ratio of 70:30 contact/non-contact time can be achieved and thus an additional £501k saving will result.

## **7. Summary**

7.1. This report lays out the rationale for closing the in-house home care service by the end of March 2013 and establishing, as a separate work-stream, a new, more focussed, reablement service. Recruitment to the new service will be via the Council redeployment processes, given that the current in-house home care service is recommended to close. However, it is anticipated that staff in the current home care service whose jobs are at risk will fill the majority of the new posts in the reablement service. The detail of the implications for staff will be considered by the Council’s Corporate Committee. Agreement to these proposals will not only deliver savings of £1.563 million as part of the HESP programme, but will also improve the prospects of ultimate independence for a group of mainly older people being discharged from hospital.

## **8. Chief Financial Officer Comments**

- 8.1. The remaining overall Council budget gap for 2012-2014 has been previously reported to Members. Each Directorate has, therefore, been asked to put forward budget reduction proposals.
- 8.2. Proposals for Adult and Housing Services were considered on 27<sup>th</sup> June 2011 and this report provides additional detail on the Reablement Efficiency proposal.
- 8.3. The original proposal to close the in house Home Care service and create a new Reablement service gave rise to savings of £1.062m, i.e. gross cost of the home care service £2.805m less £1.743m for the new reablement team. Further development of reablement services has shown that, with the abolition of time slots, increased efficiency can be achieved thus increasing the saving by a further £501k. The total saving to be achieved from remodelling this service will be £1.563m.

## **9. Head of Legal Services Comments**

- 9.1. The decisions of the Cabinet member concerning the recommendations set out in the report need to be taken in line with legislative requirements and must be informed by and take into account the outcome of the consultation with service users, providers and other stakeholders, which is set out at section 12 of this report.
- 9.2. In reaching a decision the Cabinet member must also have specific regard to the authority's public sector equality duty and thus should take into account the attached full equality impact assessment included at Appendix 3 to the report. The Cabinet member should note in particular section 3 of the attached equality impact assessment.
- 9.3. The extent of the public sector equality duty on the Council, enforced by the Equality Act 2010, is set out in Appendix 7 to this report. The attached equality impact assessment highlights the effect of proposals on a number of specific user groups within the community, defined as those with protected characteristics under the Equality Act 2010 (by reason of their age, disability or religion). The Cabinet member must give particular consideration to those effects and to the proposals made to reduce or mitigate them.
- 9.4. A decision to close or reconfigure the care service will have specific consequences for the staff who are employed by the Council within these services. The Council's Corporate Committee retains responsibility under the terms of the Council's Constitution for decisions regarding changes to the staffing establishments. However in view of the implications of the recommendations contained in this report, the Cabinet member should, before making any decision concerning the closure or reconfiguration of these services, give due consideration to the staffing implications highlighted at section 11 of this report and the completed consultation with staff and trades unions (at Appendix 5) while taking into account the outcome of the consultation with service users and other stakeholders.

## **10. Head of Procurement Comments**

10.1. N/A

## **11. Equalities & Community Cohesion Comments**

11.1. A detailed Equalities Impact Assessment has been carried out in relation to the proposals about home care and the reablement service. The full EqIA is attached as Appendix 3. However, key points from that document are as follows (all references to Tables are to those contained in the full Equalities Impact Assessment).

### **11.2. Home Care/Reablement proposals – key findings**

- **Age** – the proportion of older people discharged as Hospital referrals as a proportion of the adult population in Haringey shows that there are higher proportions of older people in the upper age ranges from age 65 and up who will potentially use the reablement service. Table 2.1.4 shows that the majority of Hospital Discharge referrals are older people aged 65+ (87%) as against 9.4% of people of that age range in the Haringey population generally. 87.5% of current home care users of the internal service are aged 65+ (Table 2.1.3) which is roughly equivalent. This reflects the increased frailty and disabilities of people as they get older, therefore needing higher levels of support and assistance on coming out of hospital. Service users will be selected for the new reablement service on the basis of their reablement potential, rather than their chronological age meaning no disproportionate impact is anticipated against 'Age' in the future.
- **Sex** – no disproportionate impact identified. Tables 2.1.1 and 2.2.2 show a higher proportion of females to males discharged as Hospital referrals (58% female) against the borough gender profile (51% female); however, as with 'Age', this is broadly to be expected considering the changing profile of males to females across the age ranges 65 years and above (Tables 2.1.3 and 2.1.4). There are currently equal numbers of males using the current service as women; however, males are marginally under-represented (41% against a Borough profile of 49%) in terms of overall hospital discharge referrals. This could have something to do with the age profile of those referrals and general levels of life expectancy among the sexes. Service users will be selected for the new reablement service on the basis of their reablement potential, rather than their gender, therefore no disproportionate impact is anticipated against 'Sex' in the future.
- There is a disproportionate impact identified with '**Race**'. It has been identified that there will be no disproportionate impact for Black or Black British, but Mixed, Asian or Asian British adults are, according to the data, under-represented in the current service – refer tables 2.1.5 and 2.1.6. 20% are from a Black or Black British background and 3% from Chinese/Other ethnic groups, identical to their profile in the general population. Less than 1% are from a mixed race background against a Borough profile of 4.6% and 5.3% Asian or Asian British against a profile of 6.7% although the numbers of Asian or Asian British using the current service is 10.7%. This may be due to the age profile of those populations, which are younger in general and thus less likely to need hospital care. Service users will be selected for the new reablement service on the basis of their reablement potential, rather than their ethnicity, therefore no disproportionate impact is anticipated against 'Race' in the future.
- As regards '**Disability**', all older people referred to the Council as Hospital Discharges have met Council eligibility criteria (critical and substantial) as per Department of Health (DH) guidance, and are considered to have a disability as defined by the Equalities Act 2010. Fair Access to Care Services has been replaced with [Guidance on Eligibility Criteria for Adult Social Care \(2010\)](#) from the Department of Health, with the guidance retaining the four eligibility bands set out in Fair Access to Care Services – that is, Critical, Substantial, Moderate and Low. Haringey Adult and Community Services will continue to provide services to individuals who are assessed as having needs that are Critical or Substantial both inside and outside the new reablement service.

- **'Religion'** - Muslims would appear to be under-represented by roughly half (6% as opposed to a Borough profile of 11%) both in terms of the current list of users and overall numbers of hospital discharge referrals. Christians are seemingly under-represented (37% against a Borough Profile of 50%) among current service users. However, the numbers recorded as 'other religion' and 'not stated' are sufficiently high to account for all or some of this imbalance. Service users will be selected for the new reablement service on the basis of their reablement potential, rather than their spiritual beliefs, therefore no disproportionate impact is anticipated against 'Religion' in the future
- No disproportionate impact was identified in respect of **'Marriage or Civil Partnership'** or **'Sexual Orientation'**. There is no data for the protected characteristic of **'Pregnancy and Maternity'**.

### 11.3 – Staffing implications

The proposals to close the in-house home care service and establish a separate new reablement service are based on the need to make financial savings and to provide services that are more in line with "Putting People First" and "Think Local, Act Personal". The proposals have been adapted in response to matters arising from public and staff consultation. If the proposals are agreed, the Director of Adult and Housing Services will review required levels of staffing and take any necessary steps in the light of this to apply the Council's restructuring procedures for staff.

The service has been the subject of an Equalities Impact Assessment to consider the impact on staff of the proposal to close the home care service and commence a separate reablement service, in relation to then protected equalities groups of ethnicity, gender, age disability and maternity. It does not consider issues relating to sexual orientation, gender re assignment, pregnancy and religion/belief, as the relevant data is not available for these groups.

Currently, 71 staff at varying grades work in the home care service; an estimated 36 minimum will potentially be recruited into the new reablement service subject to the Council redeployment processes, leaving approximately 35 staff at risk, if the decision is taken to close the home care service.

Staffing implications will be reviewed and reassessed and reported to Corporate Committee as required. A separate and detailed EqIA in relation to the matters of staffing will be submitted to the Corporate Committee at the same time.

However, of the current staff group, only 2 are male (3%) and 69 are female (97%) as against 30% female staff in this grade group across the Council.

61 (86%) are from a Black/Minority Ethnic group, whereas only 10 (14%) are from a White/White other group. Only 54% of staff across the Council are from a BME group

People in the 45-54 age range are disproportionately affected by these proposals, comprising 47% of the total staff group as against 35% in this age group across the

Council.

2 of the current staff group have a declared disability as against 7% across the Council.

## **12. Consultation**

12.1. Formal consultation with service users, staff and the trade unions began on 1<sup>st</sup> August 2011 and continued for 31 days. The outcomes of this consultation process have been included in the equalities impact assessment, which is attached to this report as Appendix 3.

12.2. A total of 10 completed questionnaires were returned by post. No on-line questionnaires were completed although the consultation web page [New Community Reablement Service Consultation](#) was viewed 74 times.

50% (5) of respondents either strongly agreed or agreed with the creation of a new Community Reablement Service. 30% (3) strongly disagreed or disagreed and a further 20% (2) neither agreed nor disagreed.

40% (4) of respondents either strongly agreed or agreed with the commissioning intentions (actions) identified. 20% (2) strongly disagreed or disagreed and a further 40% (4) neither agreed nor disagreed or did not say.

Of those who commented further:

Some said a new Community Reablement Service seemed a good thing, that it sounded great on paper and said how they were looking forward to seeing the service up and running. Others were content with the changes proposed, provided the current quality and standards were maintained or wanted them to go further – for example, providing help with shopping.

Some said they needed a service such as this and that others would benefit from its introduction. Others said a lot of thoughtful research had clearly gone into this proposal or how the increased independence would bring them ‘peace of mind’.

There were worries, however, over how existing users of services and [home] carers would be absorbed into the new service. Worries were also expressed about the short-term nature of the provision by those who said they needed long-term care and how six weeks would do nothing for them. There were queries as to the steps the Council was taking to ensure independent providers met required standards.

Those who disagreed with the proposal said that closing the current home care service would inconvenience those who already used the service, were worried that it would affect their well-being, or considered that the financial impact of this proposal would have a dramatic effect on users of the service. Others were dismissive of everything the Council did.

Others have questioned the consultation itself and said that they saw little point in putting time, effort, goodwill and expertise into responding when, having, as they saw it, “pointed out the pitfalls”, the proposal would go ahead anyway.

Detailed comments were received from UNISON and Age UK which are attached as Appendices 4 and 5, which include the associated responses as Appendices 4a and 5a. Comments from Haringey Disability First Consortium are attached as Appendix 6 with the associated response as Appendix 6a

### **13. Service Financial Comments**

13.1. The budget for the in-house Home Care service is £2.805m. The proposal in the report is to create a reduced focused Reablement Service to support the Personalisation agenda. The original proposal to close the in house Home Care service gave rise to savings of £1.062m (gross cost of the home care service budget of £2.805m less £1.743m for the new Reablement team). Further development of Reablement services with the abolition of time slots has increased the savings by a further £501k. The total saving to be achieved from remodelling this service will, therefore, be £1.563m.

#### 13.2. Efficiencies

The total efficiencies achievable from these proposals are £1.563m. The achievable efficiencies have increased from £1.062m to £1.563m by developing plans further, and with the abolition of time slots. It is anticipated that a ratio of 70:30 contact/non-contact time can be achieved, thus achieving the additional £501k saving.

### **14. Use of appendices**

14.1. Appendix 1 - What is a Successful Reablement Service?

14.2. Appendix 2 - Reablement; the new service model; and

14.3. Appendix 3 - Equalities Impact Assessment.

14.4. Appendix 4 - Letter from Age UK and response to their comments (4a)

14.5. Appendix 5 - Trade Union Comments and Staff Consultation Report (5a)

14.6. Appendix 6 - Letter from Haringey Disability First Consortium and response to their comments (6a)

14.7. Appendix 7 – The public sector single equality duty

### **15. Local Government (Access to Information) Act 1985**

15.1. January 2011, “Think Local, Act Personal”, Cabinet Office; and

15.2. No reason for confidentiality or exemption.

## **Appendix 1**

### **What is a Successful Reablement Service?**

A recent study of five well established reablement services highlighted the following as key features of successful reablement services:

- Working with people who have been discharged from hospital/A&E with the potential for independence;
- The ability to assess service users potential for independence, to encourage and motivate them, and to provide appropriate but reducing levels of support as the coping capacity of the service user increases and they gain confidence;
- Effective assessment and task planning set out in Reablement Plans;
- Prompt supply of equipment to service users and rapid access to occupational therapists for more complex assessments;
- Staff training/re-training and on-going supervision that underpins and reinforces that staff are there to encourage and motivate service users to maximise their own skills so that they can do specified tasks within a timeframe rather than doing tasks for them;
- Teams that are involved, well motivated, organised, deployed and rostered to work with service users in flexible ways that enable swift responses to the changing needs of service users and their increasing capacity over time following the initial inputs;
- Flexibility over the timing, duration and content of home visits;
- Close working arrangements at the front-line with Whittington Health community health based services such as Physiotherapists and Community Nurses; and
- Users needing long-term care are referred to external agencies after the initial 6 week period, with the possible exception of individual complex cases where there are safeguarding concerns.

## Appendix 2

### Reablement; the new service model

There will be two reablement areas, East and West with boundaries equivalent to those in the current home care service.

Front-line staff will communicate between themselves and the central office, using service-supplied mobile phones. In the future, these may also be used to 'touch in' and 'touch out' of the homes of service users to monitor time spent with individual service users and generate performance data for the service generally, for example, contact time/client. This model will enable people who receive the service to adjust the input they receive, according to their wishes on that particular day and will give much increased flexibility to the service provided on a daily basis, for example, getting up times, meal times, times for rehabilitation/reablement activities and the time devoted to such activities.

The service will not be charging for the reablement phase. A financial assessment will be carried out at the end of that time on the reduced package, if necessary. Ceasing charges will therefore enable the current time "slots" to be abolished and for a much more flexible and fluid system of visits to people to be put in place, front loaded to maximise input immediately after discharge and reducing the further the service user gets from that date. Priority tasks such as personal care can be done at peak times, and the workers can then return to carry out reablement training with service users when they are less busy.

The Team Manager/Team Leaders will work a 36-hour week, mainly Monday to Friday, but with the requirement to work in the evenings/at weekends on occasion, as the service requires. The reablement service will operate between 7am and 10pm, seven days a week, including Bank Holidays.

Community Reablement Workers and Senior Community Reablement Workers will work a standard 30-hour week. These hours will be worked on a 5 day/week rota basis, including weekends and bank holidays, Monday to Sunday. An early shift will either be 7-2 or 8-3 including an hour break; a late shift will be either 2-9 or 3-10 including an hour break. Staff may be asked to work a split-shift or long day on occasion but this will be seen as the exception rather than the rule. These hours of work are similar to those already in operation in the Councils' residential care homes.

Where at all possible, it is proposed that Community Reablement Team workers will be car drivers, or have alternative modes of transport to enable them to move between service users with maximum efficiency. Routine use of public transport will be discouraged for that reason. All members of the team will be seen as casual car users and will be issued with an essential car user pass, paid for by the service.

All staff will be issued with new contracts setting out the above terms and conditions for the Reablement Service, including also relevant Council terms and conditions for all the posts in question.