

Lisa Redfern
Deputy Director
Adult and Community Services
40 Cumberland Road
Wood Green
London
N22 8HQ

2nd September 2011

BY POST & E-MAIL

Dear Lisa,

Re: Community Reablement Service Consultation

This proposal is of particular interest to AgeUK Haringey because the majority of users of the reablement service are older people

We broadly support the proposal, particularly the intention to abolish time slots and provide flexibility in timing, duration and content of visits, and to work with clients rather than do things for them

We agree that the success of the reablement team will, critically, depend on accountability and the competencies of the team. We are pleased to note that staff behaviour (by which we assume positive and supportive attitudes towards clients) is included in the required competencies.

However we would like to:

- see a clearer statement of intention to establish a close working partnership between the reablement team and care agencies and the wider voluntary sector and
- see a commitment to a reablement plan that takes account of outcomes determined by the client

Clarification of the "possible exception [to referral to external agencies after 6 weeks] of individual complex cases where there are safeguarding issues" would be helpful. For, example, would individuals whose needs cannot be met by external agencies be included? Would such an instance constitute a "safeguarding issue"?

In response to your consultation on Adult Social Care Savings earlier this year we emphasised how essential it would be that the Council robustly monitor performance and ensures that there is an effective and easily accessed complaints service, with

independent advocacy available. These points, strongly made at the Older People's Partnership Board, apply equally to the introduction of a new community reablement service.

It is unfortunate that the new Community Reablement Service and associated consultation paper will be presented to Cabinet without having been considered at the Older Peoples Partnership Board where, no doubt, it will have searching analysis.

As you know, we have also previously urged you to ensure that external agencies are monitored and themselves use appropriate monitoring (e.g. of time spent with individual clients). This monitoring both ensures accurate billing and crucially offers the client of home care increased control/flexibility. In the reablement support phase, albeit without charges, this monitoring is equally important as it is relevant to in-house provision.

In your "What will the service look like?" section we are pleased to note mention of both increased flexibility (of tasks) and 'the ability of clients to adjust the input they receive'. We feel strongly that a new service must commence with the appropriate technology to support the team to monitor time spent with individual services users from day one and not at some undetermined point in the future.

We would suggest that evaluation of the usefulness of the deployed 'touch in touch out' technology would form part of a time specific evaluation as new arrangements are introduced and we would like to:

- see a statement of how the performance of the reablement team will be monitored.
- and
- see plans drawn up with service user to enable their involvement in critiquing the changes as they are being introduced.

You signal in your "Proposed changes to the staffing structure" section a staffing reduction of 25%. We are concerned about maintaining adequate staffing levels, in terms both of numbers and the correct skills mix, especially during peak holiday periods. It would be helpful to have

- more information on the size and structure of the proposed reablement team. (The figure of around 400 hospital discharges per year suggests that there will be some 50 clients at any given time.)

When in December 2011 we wrote to Barbara Nicholls offering to explore with her how we might work to unlock wider community support for older people - including low cost ways for older people to make their personal budgets go further – we were keen to explore how older people can gain from accessing all available support. We are still keen to explore this. Our thinking has progressed since we raised this with her and we are actively considering ways in which our own service offer adds value to reablement and is cost effectively priced to support individuals necessary re-socialising / confidence building.

We feel that reablement in Haringey can utilise independent sector partners to provide all long term home care. But, to maximise the local support available, resources do need to be deployed in a range of community delivered 'reablement wraparound' supports.

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These would include, for example, practical tasks interventions to address known hazards in the home. The interim findings of York University's February 2011 Handyperson Evaluation (which includes money benefits calculated on the assumption that re-admissions are prevented) highlights that it is the preventative nature of the service that avoids costs elsewhere.¹

The proposals without mention of the community context omit mention of the available interventions of trained volunteer support targeting 'light touch' monitoring that can be offered *during and after* the six week reablement support and thereby empower more older people to return sooner to living their lives independently.

I hope you find the suggestions made in this letter helpful. We would be very pleased to discuss them further with you and your colleagues as would we to have early sight of any paper that is to be presented as a result of your proposals in the light of consultation responses received.

Yours sincerely



Robert Edmonds
Director

cc: Mun Thong Phung
Barbara Nicholls
Anne Daley

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¹ Handyperson Evaluation – Interim Key Findings, Dept for Communities and Local Government / University of York Feb 2011