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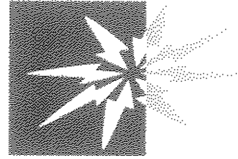

Haringey

Robert Edmonds,
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Date: 3rd October 2011
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Dignity and Respect through Personal Service

Dear Robert

Re: - Community Reablement Service Consultation

Thank you for your letter of 2nd September 2011, addressed to Lisa Redfern (Deputy Director), which has been passed to me for a response as the relevant Head of Service. Your letter was sent in response to a process of consultation with key stakeholders about a proposal to close the in-house home care service and establish a new, smaller, reablement service to work intensively with some 400, mainly older people, following their discharge from hospital. This input would be for a period of six weeks, following which, were they still to require a care and support service, that service would be supplied in the longer term by one of a number of home care providers in the independent sector.

A report dealing with those proposals, initially agreed in principle by Members on 20th December 2011, is due to be finally signed off by Cllr Dogus, Cabinet Member for Adult and Community Services on 17th October 2011. The report will be published on the Council website in accordance with the usual arrangements. Your letter made a number of helpful comments and suggestions which have been incorporated into the body of that report and the Equalities Impact Assessment. This letter sets out a more lengthy response for your information and a copy will be appended to the final report for her information.

Firstly, may I confirm that the report now contains a clear statement of intent to establish a close working relationship between the reablement team, care agencies and the voluntary sector, as you suggested. In particular, the potential positive impact to be gained by the proactive use of volunteers during and after the reablement period, where appropriate, will add an additional dimension to the process of rehabilitation and eventual independence of long-term services being aimed for.

All reablement planning will be overseen by trained occupational therapists in the multi-disciplinary reablement team. As a consequence, all such plans will be goal-

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orientated and will be working towards outcomes previously agreed with the individual service user, as basic good practice.

The reablement service will not be charged for during the first six weeks, but it is currently planned that, following that period of time, any ongoing need for support will be passed on to a provider in the independent sector to be met. Should there be safeguarding issues to be considered during the reablement period, these will continue to be dealt with as a parallel process and would not be seen as a reason for delay in transferring the case to an external provider. Only if a brief period of additional input were to result in a service user definitely becoming independent of long-term services would consideration be given to extending the six-week period of reablement for a couple of weeks, but no longer. Individual cases where external agencies felt they could not meet the needs of a service user would need to be analysed and the reasons resolved – however, this would not in itself be seen as justification for continuing reablement input.

We will, of course, be monitoring time spent with individual clients at an operational level, by use of the team leaders and senior reablement workers. Time spent will change on a daily basis, depending on the needs of the individual service users. However, as the service is not being charged for, what are more important are the outcomes for individual service users, so we will be concentrating our efforts to assess the effectiveness of the reablement service on those outcomes for service users – e.g. how many leave the service without any need for further input. We will be checking quality of service delivery by a combination of spot checks and cold calling, as well as an end of service satisfaction questionnaire which will, in part, ask the service user how the service might have been improved for them.

The size of the reablement team has been calculated to deal with approximately 400 hospital discharges per year. These will be selected against set criteria, but broadly according to their reablement potential, in order to get the maximum benefit for the intensive input they will receive. Allowing for annual leave, training and other absence, we estimate that each service user will receive just over two contact care hours input/day, on average, though this will be front-loaded to the first weeks in the service, to maximise their confidence and their drive to independence.

Finally, as part of the multi-disciplinary approach to this reablement period, there will also be individual assessments for fire safety, Telecare, the need for foot care in the wider context of falls prevention and a discussion with the service user/their family as to whether additional input to reduce social isolation is required. It is clear that an additional assessment as to whether the use of your Handy Person scheme could reduce identified hazards in the home would be a useful addition to that wider input, so that will be factored in.

Yours sincerely,

Len Weir
Head of Service

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