Haringey Disability First Consortium's response to Lisa Redfern letter dated 29th July 2011, titled NEW Community Reablement Service

"Haringey Council is committed to involving the users of services and others in decisions that affect them – especially decisions about the care and support services they receive"

Whilst Haringey Disability First Consortium welcomes this statement we are very concerned that the processes used by the council did not support this commitment in that:

- **Haringey Disability First Consortium was not considered a 'target'**
- **the timescale was only a month**
- **the document was not produced in plain English**
- **the document was only distributed electronically**
- **there seem to be gaps in training around reasonable adjustments, disability equality and statutory obligations in the team administering this and other consultations at a time of significant change.**

This is despite the priority in the council's Disability Equality Scheme to "ensure disability equalities principles are mainstreamed".

Haringey Disability First Consortium welcomes the desire to promote independence, flexibility and being 'customer focused' alongside creating and maintaining closer links with external agencies. We are concerned however about the lack of clarity and specificity on certain issues

- *How, within this consultation, are you* ***defining "individual complex cases" and "safeguarding concerns" and who at the point of delivery would be assessing the same****?*
- *How are you defining* ***'independent sector partners', and how does this differ from external agencies and "contracted providers in the independent sector"****?*
- *How will the council ensure that there are appropriate external agencies to refer to after the 6 weeks?* ***Will there be wrap around or additional funding for 'after reablement'? What will be the tendering process? How will your ensure continuity of provision?***
- *The 'financial assessment' described –* ***is this means tested entitlements or a move onto direct payments? Who does this assessment? Will the assessment be about Health and Social Care requirements, rather than about finances?***
- *'At the end of that time' – does this mean that* ***part of the 6 week reablement period will be used to do 'self assessment questionnaires' (SAQ) and broker ongoing services?*** *If so, will this use up individuals' quota of timeslots – thereby* ***impacting on their reablement?***
- *If this is not done within the* ***6 weeks, but after, how will the council ensure that there is not a gap in service prevision between coming off the 6 weeks, getting assessed*** *(potentially appealing) and brokering services? This could potentially undo 6 weeks good work?*

- *Who decides* ***"if [it is] necessary"? Again is this financial, clinical, self assessed?***
- *Whilst 'front loaded' support may work for some, many people discharged from hospital only want to sleep for the first week (this is part of getting better too!). Is there a way of being flexible on this as some patients will benefit from front loading, others from back loading? In fact,* ***perhaps a 'bell shaped curve' approach might suit most?***
- 'Crossing professional boundaries'? *Do you mean they will work as an interdisciplinary team with agreed client goals - rather than crossing professional boundaries? There would be* ***serious safeguarding concerns about using PA/care staff to do the work of OT/ physio?***
- *Given Haringey Disability First Consortium's concerns about gaps in the current training we ask* ***who will be providing the "specialist training"*** and ***what competencies will be required to work on this team?***
- "Non contact time in this context includes travel time, annual leave, sickness absence and training". ***Is 'supervision' seen as contact or non-contact? How can 30% include AL/sick leave/travel? Will these staff be agency?***
- *As training is absolutely vital to this proposal working, what* ***safeguards has the council put in place to ensure that training and supervision*** *do not get lost within the 30% non contact time?*
- ***Who and how will there be monitoring of 70/30 split and the competency of the workers?*** *The service user?*
- "The approach will be to frequently review". ***Who will be doing the frequent reviews? Will this eat into the hours of reablement, or the 30% non contact time?***
- *How will those individuals who are assessed, either at point of discharge or within the 6 weeks, as being likely to need ongoing support be handled?* ***Leading people to think they'll be 'better' after 6 weeks, and then allowing them to 'fail', would be very bad for recovery.***

In general this document is hard to comment on.

There is very little detail about the team, the competencies of the team, and how the services to refer onto will be funded.

Haringey Disability First Consortium would like to reiterate our concern that there is a real need for independent advocacy and brokerage in the borough to enable this, and other changes, to work effectively for the most vulnerable.

We thank Barbara Nichols for meeting with us

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Dignity and Respect through Personal Service

Dear Mhairi,

Proposals in relation to home care and community reablement services – HDFC response to consultation

Thank you for your helpful comments submitted in response to the consultation in relation to proposals regarding the Council in-house home care service and also those to establish a new reablement service. Please accept my apologies for any miscommunication that led to HDFC not receiving a copy of the original consultation documentation. However, it is important tom emphasise that your comments have been taken into account and included in the report to Cabinet.

The purpose of the reablement service is to work intensively with mainly older people, following hospital discharge, for a period of six weeks, in order to maximise their confidence and abilities in activities of daily living. Ideally, clients will not require any further support at the end of that period. The reablement team in question, which will be working at the front-line in peoples' homes, will be part of a wider multi-disciplinary team of social workers and occupational therapists. Each will have their own clear role within that team.

Service users will be selected for a reablement service, using set inclusion criteria, based on their potential to participate positively in the reablement process and to achieve independence at the end of the six-week period of support. People will be offered reablement which, in many cases, will reduce their long-term dependency and thus the size of ongoing care packages, before they are assessed for their personal budgets.

Front-line staff will communicate between themselves and the central office, using service-supplied mobile phones. 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 limited "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. Reablement goals will be set with the service user and their family, as part of our individualised care approach.

The approach will be to frequently review and reduce levels of support to the minimum necessary as the capacities and abilities of the person increase (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). Where more long-term support is required, this will be planned in such a way as to ensure a smooth transition. Nobody will leave the reablement service without a receiving care arrangement being in place, should that be required.

Should a personal budget arrangement be chosen by a person seeking to arrange long term care, this will be put in place to fund their long term arrangements. There are currently some 80 registered home care providers in Haringey and in neighbouring boroughs – these suppliers are all inspected and regulated by the Care Quality Commission. Haringey Council has a policy of only using suppliers who have been previously graded as good or excellent by the Care Quality Commission. There will be no need for a further tendering process as a result of these proposals.

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.

Any issues of safeguarding will be dealt with as a parallel process, in accordance with Council procedures. Safeguarding concerns would not be seen as a reason for a person not to move on from the reablement service on schedule.

For clarification, non contact time includes travelling time between clients, holidays, any sickness absence, training and supervision/appraisal. It is a requirement of the Care Quality Commission, as well as the Council, that staff receive regular supervision and support – this will be the case in the reablement service. Due to the flexibility of the service model, we do not anticipate needing to use agency staff on a routine basis, preferring to meet additional demand and cover needs from within the reablement team.

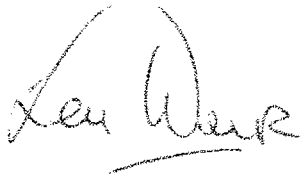
Training needs will be identified and met in part through the team members, and in part via more formal arrangements with the Council Training Section. Guidance derived from

Skills for Care will be used to inform that process, but it is important to point out that the majority of people in the pool of current home care workers from which the reablement workers will be recruited are already very experienced and most will have either NVQ2 or NVQ3 in Care.. In addition, it is planned to have a two week period before the new service goes live to ensure everyone in the new service is up to speed with new policies, procedures and concepts of service provision before "go live" day .

There will be a detailed information pack for all prospective users of the reablement service, which will set out how the service works, including timescales, charging arrangements and the philosophy of the service. This will be in easy to access language, including availability in translation where necessary. Your specialist knowledge and advice in helping us to devise this pack would be of considerable assistance.

I hope the information above has served to respond to the questions in your submission. However, if you would like to discuss this matter further, I am happy to meet with you at a time of your convenience.

Yours sincerely



Len Weir
Head of Service