FLINTSHIRE COUNTY COUNCIL

REPORT TO: **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**

DATE: **THURSDAY, 29 JANUARY 2015**

REPORT BY: **CHIEF OFFICER (SOCIAL SERVICES)**

SUBJECT: **REABLEMENT / INDEPENDENT LIVING IN FLINTSHIRE**

1.00 **PURPOSE OF REPORT**

1.01 To update Members on the progress made by the Reablement and Telecare service.

2.00 **BACKGROUND**

2.01 Over the past decade there have been increasing numbers of reablement services being developed by local authorities, often in partnership with the NHS. Evidence has shown that reablement can lead to major improvements in the well-being and independence of older people and other groups.

2.02 This report provides Scrutiny Committee Members with an update on the Reablement and Telecare service in Flintshire.

3.00 **CONSIDERATIONS**

3.01 **What is reablement :** In Flintshire we use the Social Services Improvement Agency definition of reablement – The process of restoration of skills by a person who has had an illness or injury so as to regain maximum self-sufficiency and function in a normal or as near normal manner as possible .

3.02 **Who reablement is for:** Reablement has the potential to help many different people, including older people, people with physical disabilities or sensory impairments. Reablement can also support people with a learning disability and people with dementia.

3.03 In Flintshire like many other authorities, we have in the main concentrated on supporting older people, including people with a mild to moderate dementia, and people with physical disabilities. However, we are seeking to extend the service to support people with a learning disability and have had some recent successes in this area.

3.05   **How Reablement Works in Flintshire**

3.06   If you look across Wales and indeed England you will find a number of differing models and approaches to reablement. In Flintshire we operate an Intake Model which in essence means that **all** referrals are reviewed for reablement potential at the first point of contact. For example, Hospital Social Workers will always screen for reablement potential whilst undertaking an assessment of need on a hospital ward. First Contact staff will always consider reablement service in the first instance when speaking to people.

3.07   Reablement support is free for up to a maximum of six weeks. In Flintshire the average length of service is approximately 3 to 4 weeks and in the main reablement is provided in the individuals own homes.

3.08   Flintshire also provides 4 reablement / assessment places in a care home for individuals who need some overnight support following a hospital admission. These people will have a care programme based on reablement within a care home setting, with the main aim of undertaking an in depth assessment whilst in a safe 24 hour staffed environment, with individuals moving back home once we have a clearer understanding of the persons needs.

3.09   There are a number of teams involved in providing the reablement service, including:-

- First Contact, this includes occupational therapy alongside disability officers who assess for small equipment aids, staff who provide advice and support and sign posting as appropriate

- The Reablement Team are a multidisciplinary team consisting of Social Work, Occupational Therapy, Physiotherapy and Telecare staff.

- The Homecare team provide the hands on reablement.

- The Care home staff provide the assessment and overnight support service and reablement support in a care home.

- The Hospital Social work team cover Countess of Chester, Wrexham Maelor, Glan Clwyd Acute hospitals and the community hospitals.

- North East Wales Community Equipment Store (NEWCES) provide and fit equipment to peoples own homes.

Social Services has worked hard to ensure that all its staff have an enabling ethos.

3.10   **Outcomes and Performance**

3.11   Between April 2013 and March 2014 we received 933 referrals for reablement, of those 503 (53.9%) required no further support at the end of the

period of reablement.

In the 9 month period between April 2014 and December 2014 we received 905 referrals for reablement of those 469 (a higher referral rate with 51.8%) required no further support at the end of the period of reablement.

3.12   We measure outcomes in the attached chart.

Reablement Outcomes
No Further support required at end of Reablement
Assessed support at start **reduced** by end of Reablement
Assessed support at start **maintained** at end of Reablement
Assessed support at start **increased** at end of Reablement
User did not complete Reablement phase: e.g. referred to other services including LTC or health, declined service once started or died before end of Reablement

3.13   In the 9 month period between April 2014 – December 2014 51% of people who have received reablement have gone on to receive no further support following reablement, 9% had a reduction in their assessed support following reablement with 18% having their assessed support maintained following reablement.   The percentage of people whose assessed support has increased following a period of reablement has remained consistently very low over the last 2 years averaging 2.5% in 2013/14 and to date this year 3%.

A full analysis of these outcomes is included in Appendix 1.

4.00   RECOMMENDATIONS

4.01   Note the good progress of the reablement team and the approach the service is taking.

7.00   ENVIRONMENTAL IMPACT

7.01   None.

8.00   EQUALITIES IMPACT

8.01   None.

9.00   PERSONNEL IMPLICATIONS

9.01   None.

10.00   CONSULTATION REQUIRED

10.01   None.

11.00 <u>**CONSULTATION UNDERTAKEN**</u>

11.01.   None.

12.00 <u>**APPENDICES**</u>

12.01   Appendix 1 Reablement outcomes 2013/14 and 2014/15
12.02   Appendix 2 Telecare Case Studies
12.03   Appendix 3 Reablement Case Study

<u>**LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985**</u>
<u>**BACKGROUND DOCUMENTS**</u>

None.

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