Local Government Association

Central Bedfordshire and Bedford Borough Councils
Peer Review Report Reablement and Rehabilitation

October 2016

Final

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Executive Summary

Central Bedfordshire Council (CBC) and Bedford Borough Council (BBC) asked the Local Government Association (LGA) to run an Adult Social Care Peer Review as part of the East of England ADASS Programme of Regional Peer Reviews focussing on the Councils' work on Reablement and Rehabilitation. The work was commissioned by Julie Ogley, Director of Social Care, Health and Housing, Central Bedfordshire Council and Kevin Crompton, Director of Children's and Adult Services, Bedford Borough Council who were the clients for this work. The scoping meeting included representatives from both Bedfordshire Clinical Commissioning Group (BCCG) and the provider organisation South Essex Partnership Trust (SEPT) who completed self-assessment documentation for this work. All were seeking an external view on the quality of the reablement and rehabilitation services in order to consider how to improve the delivery of good outcomes for those who access these services. They intend to use the findings of this peer review as a marker on their improvement journeys. The focus for the review was:

- The current 'as-is' state of the service across the organisations with a focus on offering a good, accessible, consistent experience for the customer regardless of their entry-point

- It will also seek to understand where we could better streamline or avoid duplication

The peer team gave feedback on two broad areas. Firstly the strategic engagement issues with the STP and secondly on the work of rehabilitation and reablement services in the overall footprint.

The Milton Keynes, Bedfordshire and Luton STP covers four local authorities, three CCG and three hospitals. It recognises the challenges faced in the system that commissioning in the patch is weak and primary care is fragmented and lacks resilience. There is also the added issue that all the Community Health Service contracts are due for renewal by beginning of April 2018.

The STP however also recognises the solutions to these issues which are the need to radically upgrade prevention, early intervention and self-management of care whilst also developing high quality, scaled and resilient out of hospital services as well as modernising secondary care, reconfiguring services across the three hospitals and developing information systems and commissioning to enable these changes.

The key strategic message from the peer review team is that both CBC and BBC with its partners in the STP need to create a Place Based Plan. To achieve this the STP has to be used to make progress at a strategic level. As with all STPs across the country, elected representatives need to be included in the STP process to ensure the democratic mandate is addressed and local people's views are effectively included.

The peer review team recommend that CBC and BBC set up a joint Transformation Board for service development. This Board would focus on identifying what would improve performance and ensuring it is delivered.

The team recommend that any service redesign that takes place in the footprint should put those who access services at the very heart of the work to ensure their views and expectations are central to the outcomes delivered.

With regards to rehabilitation and reablement the peer review team recommend that CBC, BBC, BCCG and SEPT develop a clear understanding of the purpose of the three different reablement services in the footprint in the context of the whole system and the ongoing pressures on Homecare and Acute beds.

Furthermore they should model population demand, define the capacity required and source each service accordingly. Then agree a consistent prioritisation protocol across the system for the use of available home care capacity and available reablement capacity and implement a process to match demand to capacity on an ongoing basis using the agreed prioritisation protocol.

When this shared clarity is achieved it will improve service delivery and lead to better outcomes for residents and will also provide the basis for reviewing the services from the perspective of integrating services more effectively and potentially offering cost savings.

Other issues and details are covered in the remainder of the report.

Report
Background

1. Central Bedfordshire Council (CBC) and Bedford Borough Council (BBC) asked the Local Government Association (LGA) to run an Adult Social Care Peer Review as part of the East of England ADASS Programme of Regional Peer Reviews focussing on the Councils' work on Reablement and Rehabilitation. The work was commissioned by Julie Ogley, Director of Social Care, Health and Housing, Central Bedfordshire Council and Kevin Crompton, Director of Children's and Adult Services, Bedford Borough Council who were the clients for this work. The scoping meeting also included representatives from both Bedfordshire Clinical Commissioning Group (BCCG) and the provider organisation South Essex Partnership Trust (SEPT) who completed self-assessment documentation for this work. All were seeking an external view on the quality of the reablement and rehabilitation services in order to consider how to improve the delivery of good outcomes for those who access these services. They intend to use the findings of this peer review as a marker on their improvement journeys. The focus for the review was:

    a) The current 'as-is' state of the service across the organisations with a focus on offering a good, accessible, consistent experience for the customer regardless of their entry-point

    b) It will also seek to understand where we could better streamline or avoid duplication

2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer review is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.

3. The benchmark for this peer challenge were the amended Commissioning for Better Outcomes Standards for Reablement and Rehabilitation created by Suffolk County Council with specific areas and questions identified as relevant to this area of adult social care work. These were used as headings in the feedback with an addition of the scoping questions outlined above. The three CBO domains were used with two others added to make five key headings:

    - Well led
    - Person-centred and outcomes-focused
    - Promotes a sustainable and diverse market place
    - Integration with health
    - Seamless and effective service delivery

4. Commissioning in adult social care is the Local Authority's cyclical activity to assess the needs of its population for care and support services, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. Effective commissioning cannot be achieved in isolation and is best delivered in close collaboration with others, most particularly people

who use services and their families and carers. Successful outcomes are described in the Adult Social Care Outcomes Framework, Making it Real Statements and ADASS top tips for Directors, but above all must be described and defined by people who use services.

5. The members of the peer challenge team were:

- **Professor Graeme Betts**, Care and Health Improvement Adviser, LGA

- **Cllr Philip Corthorne**, (Cons) Cabinet Member for Adult Social Care, Health and Housing, LB Hillingdon

- **Cllr Stewart Golton**, (Lib Dem) Leeds City Council

- **Gerald Pilkington**, Rehabilitation and Reablement Expert

- **Benedict Leigh**, Lead Commissioner for Adult Social Care, Oxfordshire County Council

- **Fiona Day**, Head of Partnership, Quality and Performance, Hertfordshire County Council

- **Marcus Coulson**, Programme Manager, Local Government Association

6. The team was on-site from Monday 10th October – Friday 14th October 2016. To deliver the strengths and areas for consideration in this report the peer review team reviewed over sixty documents, held 53 meetings and met and spoke with at least 99 people over five on-site days spending 51 working days on this project the equivalent of 357 hours. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

- interviews and discussions with councillors, officers, partners and providers
- focus groups with managers, practitioners and frontline staff
- Information from those who access services
- reading a range of documents provided by the councils, including a self-assessment against key questions from each council and the CCG

7. The LGA would like to thank Julie Ogley, Director of Social Care, Health and Housing, Central Bedfordshire Council and Kevin Crompton, Director of Children's and Adult Services, Bedford Borough Council and their colleagues Rebecca May, Project Manager, CBC and Larraine Sears, Business Analyst, BBC for the excellent job they did to make the detailed arrangements for a complex piece of work across two councils with two key partners with an unusually wide range of members, staff and those who access services. The peer review team would like to thank all those involved for their authentic, open and constructive responses during the review process and their obvious desire to improve services, the team were all made very welcome.

8. Our feedback to CBC, BBC, BCCG and SEPT and others involved in the timetable for the week on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the review.

Strategic context

- Recognition that parts of the system cannot change without changing the whole
- Awareness and recognition of the need to work better together to deliver effective services
- There are good examples across the patch to build on of joint or integrated services e.g. Safeguarding, Carers, Advocacy
- CBC, BBC, BCCG and SEPT feel stuck
- Addressing financial pressures through working more effectively together
- Peer Review an opportunity for change
- New sense of purpose and energy

9. To understand the issues involved in this peer review that on the one hand focuses on the work of reablement and rehabilitation, the peer review team needed to understand the strategic context within which the work takes place. This particularly focuses on the role of the STP in designing change across the footprint.

10. From all of the people with whom we spoke at a strategic level there is a clear recognition that parts of the system cannot change without changing the whole. There is also awareness and recognition of the need to work better together to deliver effective services. There are good examples across the patch to build on of joint or integrated services such as the successful work on Adult Safeguarding, Carers and Advocacy.

11. In discussions with CBC, BBC, BCCG and SEPT the overriding feeling with regards to their relationships is that they all feel stuck. They all recognise that they need to work together more effectively to address ongoing financial pressures. This Peer Review is an opportunity for change and there is a new sense of purpose and energy in order to consider how to move forward.

Strategic key messages 1

The STP recognises challenges in the system

- Commissioning in the patch is weak

- Primary care is fragmented and lacks resilience

- All the Community Health Service contracts are due for renewal by beginning of April 2018

The STP recognises solutions

- Radically upgrading prevention, early intervention and self-management of care

- Developing high quality, scaled and resilient out of hospital services

- Modernising secondary care and reconfiguring services across the three hospitals

- Developing information systems and commissioning

12. Sustainability and Transformation Plans (STPs) were announced in the NHS planning guidance published in December 2015 and will create place-based, multi-year plans built around the needs of local populations. The idea of STPs is to help drive a genuine and sustainable transformation in health and care outcomes between 2016 and 2021. They are expected to help build and strengthen local relationships, enabling a shared understanding of the present situation, the ambition for 2021 and the concrete steps needed to get there. To deliver these plans NHS providers, Clinical Commissioning Groups, Local Authorities, and other health and care services are expected to come together. Draft plans were submitted in June 2016 and final plans are expected to be completed in October 2016.

13. The Milton Keynes, Bedfordshire and Luton STP covers four local authorities, three CCG and three hospitals. It recognises the challenges faced in the system that commissioning in the patch is weak and primary care is fragmented and lacks resilience. There is also the added issue that all the Community Health Service contracts are due for renewal by the beginning of April 2018.

14. The STP also recognises the solutions to these issues, which are; the need to radically upgrade prevention, early intervention and the self-management of care whilst also developing high quality, scaled and resilient out-of-hospital services. As well as modernising secondary care, reconfiguring services across the three hospitals and developing information systems and commissioning to enable these changes.

Strategic key messages 2

- Create a Place Based Plan

- Use the STP to make progress at a strategic level

- Elected representatives need to be included in STP process

- Consider the most effective governance to take this forward

- CBC has taken a lead in developing primary care-led, jointly delivered, integrated out of hospital care services

- CBC and BBC are taking initiatives to invest in social capital and are place leaders

- Co-produce changes with those who use services building on the outcomes based approach

- Create a shared recognition that it is possible to do things better together while retaining your own identity

15. The key strategic message from the peer review team is that both CBC and BBC with its partners in the STP need to create a Place Based Plan. To achieve this the STP has to be used to make progress at a strategic level. As with all STPs across the country, elected representatives need to be included in the STP process to ensure the democratic mandate is addressed and local people's views are effectively included. At the time of writing both Simon Stevens, Chief Executive of NHS England and Social Care Minister David Mowat have voiced support for the necessity of local authority involvement in STPs and their full sign off. Further the peer review team also recommend that all those involved urgently consider the most effective governance to take this forward.

16. CBC has taken a lead in developing primary care-led, jointly delivered, integrated out of hospital care services. Whilst onsite, the team heard about the newly created plan for several Health and Social Care Hubs across the borough that will house multi-disciplinary teams working to deliver preventative care and thereby address potential illnesses before they need acute treatment and promote wellbeing and thus save money.

17. Both CBC and BBC are taking forward initiatives to invest in social capital including investment in sports centres and community development and prevention. The Councils are place leaders due to their democratic mandate and engagement with local people through the services they deliver.

18. It is key to keep in mind the wishes and expectations of those who use services when involved in the planning and designing phases for activity. The peer team encourage both Councils to co-produce any necessary changes with those who use services, building on the outcomes based approach. This ensures that services deliver what people want and can evolve as their needs change.

19. CBC and BBC were created from the previous county council and there is an oft expressed wish not to return to this structure. Whilst this is understandable however, this mind-set appears to sometimes prevent discussions about the delivery of services across the joint footprint as it is feared it will re-create what is now gone. Therefore it is necessary to create a shared recognition that it is possible to do things better together while retaining the identity of both organisations, what they stand for and what they do. There are already examples of effective working in place upon which to build.

Well Led

Strengths

- The Councils' leadership expressed an appetite for greater collaboration between Councils, local hospitals and Bedfordshire CCG as reflected in the joint commissioning of this Peer Review

- This desire for service improvement through greater integration was shared by all elected members interviewed

- STP is recognised as a valuable opportunity for further integration and to produce more locally responsive and sustainable community care services

- HWBs driving the change agenda. Developing a sustainable care economy to respond to employment pressures for domiciliary and reablement staff locally

- Joint Safeguarding work is well led and effective

Areas for Consideration

- Put residents at the heart of your work

- Recent stability in CCG and SEPT leadership is a good place to develop

- Uncertainty over the future of Bedford Hospital has influenced the rate of operational development, but there is a commitment that it will not be an obstacle to collaboration, and the pursuit of wider health and social care integration.

- Involve elected members in identifying opportunities in developing the social inclusion aspect of reablement in communities

- Maintain focus on whole system solutions not detailed problems

- A joint Transformation Board for service development

20. The peer review team heard from senior leaders from CBC, BBC, BCCG and SEPT about the strategic issues they are dealing with. The Councils' leadership of both members and officers expressed an appetite for greater collaboration between the Councils, local hospitals, BCCG and SEPT as reflected in the joint commissioning of this Peer Review.

21. The desire for service improvement through greater integration and closer working was shared by all elected members interviewed and whilst elected members from CBC and BBC do not come from the same political party or have the same local priorities, they are all equally committed to improving the wellbeing of those who use health and social care services and expect to be involved in discussions about the design of those services.

22. The STP is recognised by everyone with whom the peer team spoke as a valuable opportunity for further integration and closer working and that it has

significant potential to produce more locally responsive and sustainable community care services. Given the requirement for all local partners to approve plans, there is scope to shape plans which properly reflect distinctive local opportunities to transform service delivery.

23. The two Health and Wellbeing Boards (HWBs) are driving the change agenda and developing a sustainable care economy to respond to employment pressures for domiciliary and reablement staff locally.

24. Adult Safeguarding is run across both the CBC and BBC footprint and this joint working is mature, well led and effective.

25. As has been suggested in paragraph 18 above, the changes being discussed by the STP and the possible alterations to social care models of activity in CBC and BBC should be delivered through a joint commitment to co-production, putting residents at the heart of the work so that they feel genuinely involved, listened to and engaged throughout.

26. The recent stability in leadership at both BCCG and SEPT is good place to develop as trust needs to be created to allow key post holders to be able to discuss what is possible and how it can be delivered.

27. Uncertainty over the future of Bedford Hospital has influenced the rate of operational development, but there is a commitment that it will not be an obstacle to collaboration, and the pursuit of wider health and social care integration.

28. A key recommendation from the peer review team is that elected members should be involved in identifying opportunities for developing the social inclusion aspect of reablement in communities, drawing on their first hand community knowledge. This may take the form of working with for example, faith based groups, older peoples' organisations and other less formal groups which have existing local networks and connections which are capable of being harnessed. Members are the leaders in their communities and their leadership is critical in galvanising local communities and community organisations to support initiatives which prevent admissions and which enable safer, quicker discharges and support for carers.

29. Whilst working through the myriad issues in this work, the peer team urge all those involved to maintain focus on whole system solutions and not on detailed problems. Keeping the former in mind enables development and change, staying with the latter can hinder possible improvement narratives.

30. The peer review team recommend that CBC and BBC set up a joint Transformation Board for service development. This Board would focus on identifying what would improve performance and ensuring it is delivered. For example, ensuring people being discharged from local hospitals are placed on the correct pathway should be a consistent activity across the Councils and the providers to ensure better outcomes for residents. The leadership for ensuring this takes place would lie with the Transformation Board.

Person Centred and Outcome Focused

Strengths

- BBC DTOC low levels a success

- CBC propose to allocate a named worker on entry to reablement pathway

- New SEPT service of early supported discharge is seen as positive

- Overall user and patient experience is good

Areas for Consideration

- Consider how to put those who access services at the heart of your service redesign

- Seek to create information about services and pathways that are clear for all users and staff

- Not just about the patient experience – are the resources in the service being maximised

31. There is clear evidence that the BBC Delayed Transfers of Care (DTOC) from hospital which are attributable to adult social care per 100,000 population are very low standing at 0.7 for the 2014/15 year and 1.5 for 2015/16, which is a success.

32. There is a good proposed process in CBC to allocate a named worker on entry to the reablement pathway which will ensure the appropriate management of clients as they progress into, through and out of the reablement service. This will assist clients to know who to contact as their treatment progresses and increases their understanding.

33. There is a new SEPT service of early supported discharge which is reported as a positive development.

34. For all the reablement and rehabilitation services across both councils and with SEPT, the overall user and patient experience is consistently good, which indicates good services where frontline staff deliver effective outcomes.

35. The team recommend that any service redesign that takes place in the footprint should put those who access services at the very heart of the work to ensure their views and expectations are central to the outcomes delivered. The peer team make this point on a number of occasions to emphasise its importance.

36. Both Councils and providers should seek to create information about services and pathways that are clear for all users and staff. The peer team heard a lack of clarity from all those involved in relation to the reasons why a person would be put into any particular service and patient pathway. It should be clear to all.

37. Whilst the patient experience was consistently high across the rehabilitation service and both reablement services, it can be argued that other issues also

need to be taken into account when assessing the effectiveness of any one of these services. The key question here is to assess whether resources in the services are being maximised and if the same outcomes could be achieved more efficiently. The organisations need to assure themselves of this.

Promotes a sustainable and diverse market place

Strengths

- Development by public health of shared outcomes across the partners is a positive step forward

- Free training is provided for the private and voluntary sector in order to ensure an appropriately skilled workforce

- Delivering best practice solutions e.g. UHFRS, Community Equipment

Areas for Consideration

- You will miss the opportunity to improve reablement if you do not address the issues of market capacity and access to care packages

- Constitute a simple and direct information and intelligence sharing activity across CBC, BBC and SEPT to provide standard information to commissioners

- Use the Market Position Statement process to drive a sustainable and diverse market place

- Consider partnership working to deliver capacity in hard to reach areas

- Explore all options to develop diversity in the market place to result in a mature portfolio of options for those who access services

38. The development by public health of shared outcomes across the partners is a positive step forward. Public health have identified an outcomes framework to underpin the tendering process for rehabilitation services which at the time of the peer review was in draft form.

39. Free training is provided for the private and voluntary sector in order to ensure an appropriately skilled workforce to support the delivery of positive outcomes.

40. The team heard about the delivery of best practice solutions by CBC such as the Urgent Homecare Falls Response Service (UHFRS) and the work on Community Equipment. These are commendable achievements.

41. It was clear to the peer team that both organisations will miss the opportunity to improve reablement services if they do not address the issues of market capacity and access to care packages. Both Council reablement services and the rapid intervention service encounter problems when seeking to move clients on at the end of their active phase of support due to an inadequate level of provision. This results in a blockage preventing clients for whom the services would be beneficial from entering, as well as resulting in a comparatively expensive resource being used to provide routine ongoing support which ordinarily would cost far less. The peer team heard on a number of occasions that this inability to place people in care packages was undermining the rehabilitation and reablement services. This is a key element in the system and the challenge is

recognised by both Councils. While there are no easy answers other authorities such as Oxfordshire and Hertfordshire have addressed this challenge with some success and it should be worth hearing from them about how to solve these issues.

42. Constitute a simple and direct information and intelligence sharing activity across CBC, BBC and SEPT to provide standard information to commissioners. This will enable them to make more informed decisions for better outcomes.

43. Use the Market Position Statement process to drive a sustainable and diverse market place and explore all options to develop diversity in the market place to result in a mature portfolio of options for those who access services.

44. Consider partnership working to deliver capacity in hard to reach areas. The peer team heard about areas that border Cambridgeshire, for example, where it is difficult to resource provider care services due to their remote locations. To address this it is recommended that partnership relationships are built on with neighbouring authorities to solve them. It is very likely that these neighbours are experiencing the same issues from their side of the border.

Integration with health

Strengths

- Frontline staff and their managers engage effectively with their colleagues in health on a day to day basis delivering good services

- CBC use of s106 for Hubs, BBC and CBC mature use of s75

Areas for consideration

- There is a need for a greater collaboration and alignment across services at the commissioning and operational level

- The Councils and the CCG need to ensure there is a clear voice for community and primary care services within the STP

- Consider how to move towards an improved level of shared intelligence to deliver better outcomes for residents

45. Across the two reablement services it was clear to the peer team that frontline staff and their managers engage effectively with their colleagues in health on a day to day basis delivering good services. This is commendable in an environment of reduced resources and increasing demand.

46. CBC is creatively using Section 106 money to simulate the creation of the Health and Social Care Hubs which are planned to reduce demand in acute settings and both BBC and CBC have a mature use of Section 75 monies, enabling the pooling of health and social care budgets to maximise the benefit to service delivery.

47. There is a need for a greater collaboration and alignment across services at the commissioning and operational level. The peer team heard on several occasions that teams in one part of the system were unaware of the activities and practices of other teams in the same system and consequently they were not sharing basic data nor the sort of intelligence which leads to a system working effectively as a whole. In a similar way, there was insufficient joint commissioning taking place to ensure shared outcomes and improved performance and value for money.

48. The Councils and BCCG need to ensure there is a clear voice for community and primary care services within the STP. This is essential to ensure that specific locally identified needs are included to help deliver improved outcomes and sustainability to both sectors. There is widespread recognition that STPs cannot achieve their goals of rationalising acute services without strong community and primary care services. Furthermore residents will not receive the best possible outcomes and services without strong community and primary care services. Therefore it is imperative that these services set out a clear vision and a strategic plan for delivering the outcomes required to achieve this goal.

49. CBC, BBC, BCCG and SEPT should consider how to move towards an improved level of shared intelligence to deliver better outcomes for residents. All

organisations on the footprint collect a significant amount of data about local people and their needs. It should be possible to pool not only the data but also to consider the implications of it much more effectively to make decisions about the way services are delivered to improve outcomes for people.

Seamless and effective service delivery

Central Bedfordshire Council Reablement

Strengths

- Frontline staff work hard and deliver a flexible and responsive service that customers and families like

- Some progress on 2014 review recommendations has been achieved

- In line with best practice there is timely access to therapy, delivered by embedded therapists

- Assessment coordinators established within the service to agree and monitor outcomes

- Plan to use reablement as a 'pause' to deliver a Care Act compliant holistic assessment

Areas for consideration

- Implement agile working for reablement staff

- Ensure for yourselves that you implement charges at the completion of active reablement

- Consider the role for beds in the future reablement pathway and determine the capacity required to provide a cost effective service

- Ensure clarity for frontline staff on therapist pilot

50. The peer review team had the privilege of speaking with staff who deliver reablement services for CBC. It was a pleasure to hear from them and it was clearly evident that they work hard and are committed to delivering a flexible and responsive service that customers and families like.

51. One of the peer team completed a review of reablement in 2014 at CBC and from this onsite work the peer team are able to conclude that there has been some progress on the 2014 review recommendations. These include the creation of a coordinator role, the provision of therapists within the team to improve the outcome focused approach and the implementation of processes to understand the use of paid time resulting in reduced down-time and cost per case.

52. In line with best practice there is timely access to therapy, delivered by embedded therapists. Whilst the majority of people undergoing a phase of reablement do not need input from therapists, for those that do it is important that this is readily available rather than their having to join a long waiting list for community therapy services that will often be available long after they have left their active reablement phase. By embedding therapists within the team it

ensures timely access as well as a mechanism to improve the outcome focus of the service.

53. Assessment coordinators are established within the service to agree and monitor outcomes and there is a clear plan to use reablement as a 'pause' to deliver a Care Act compliant holistic assessment.

54. The team recommend that CBC implement agile working for reablement staff that allows them to work flexibly using their time efficiently. The peer team heard examples of organisational requirements that caused frustration for staff as they ended up serving the needs of the system and not delivering outcomes for clients.

55. Ensure for yourselves that you implement charges at the completion of active reablement. From various discussions it was understood by the peer team that charges are never raised for clients who have completed their active reablement phase but who, for a variety of reasons, are still being supported by the reablement team. The Community Care (Delayed Discharges etc.) Act (Qualifying Services) (England) Regulations 2003 only provides that 'reabling' services are free for up to six weeks. Therefore, charges can be applied after the first six weeks or completion of the active reablement phase, whichever is the sooner.

56. CBC should consider the role for beds in the future reablement pathway and determine the capacity required to provide a cost effective service. Despite one of the two bedded reablement facilities being closed in recent months, it is understood that the remaining unit has still been underutilised. A replacement bedded unit was understood to be under renovation at the time of the peer review visit, but local experience may indicate that this level of capacity is not required.

57. Ensure there is clarity for frontline staff on the ongoing therapist pilot. From a number of discussions the peer review team were unable to ascertain the planned duration for the pilot introduction of therapists within the reablement team, how any improvements are being measured or what the targets or measures are to determine whether this has been beneficial. This needs some work to ensure that there is clarity of the pilot and that others know about it.

Seamless and effective service delivery

Bedford Borough Council Reablement

Strengths

- Frontline staff and their managers demonstrate high levels of enthusiasm and commitment to their work and deliver a positive experience for those who use the service that is valued highly

- Co-location and shared working with the hospital team have enabled a smooth discharge pathway

Areas for consideration

- Consider how the service is able to access timely therapy input

- Whilst utilisation rates appear good, consider how staff activity delivers the service's agreed outcomes and look at the most effective use of their staff time

- Strengthen management arrangements across the hospital social work team, community social work teams, reablement and care sourcing to ensure consistent joined up delivery

58. Members of the peer team met with staff from BBC who deliver the reablement work. These frontline staff and their managers demonstrated high levels of enthusiasm and commitment to their work and deliver a positive experience for those who use the service that is valued highly. They are a commendable group of staff.

59. The BBC staff are co-located with health colleagues at Bedford Hospital which enables them to effectively share information, create solutions to problems as they arise and enables a smooth discharge pathway.

60. BBC could consider how the service is able to access timely therapy input. Whilst the majority of people undergoing a phase of reablement do not need input from therapists, for those that do it is important that this is readily available rather than their having to join a long waiting list for community therapy services that will often be available long after they have left their active reablement phase. By embedding therapists within the team this would ensure timely access as part of their reablement phase.

61. Whilst utilisation rates appear good, consider how staff activity deliver the service's agreed outcomes and look at the most effective use of their staff time. There also is an opportunity to strengthen management arrangements across the hospital social work team, community social work teams, reablement and care sourcing to ensure consistent joined up delivery that would be more efficient.

Seamless and effective service delivery

South East Partnership Trust Rehabilitation and Enablement

Strengths

- This is a therapy led service with a strong outcome focus

- The patient experience is very highly rated

Areas for consideration

- Develop a clear understanding of the purpose of the service in the context of the whole system and ongoing pressures

- Define and communicate eligibility criteria across the whole system

- Clarify timely and appropriate notification of people needing care on exit from the pathway, including those in spot purchased beds

62. The SEPT service is therapy led with a strong outcome focus with staff who are committed to the delivery of positive outcomes.

63. As with the other reablement services within CBC and BBC, the SEPT patient experience is very highly rated by those who have the service. This is a testament to the quality outcomes achieved by the staff.

64. Develop a clear understanding of the purpose of the service in the context of the whole system and ongoing pressures. From various discussions it became clear that there is wide spread confusion about the nature, focus and purpose of rehabilitation versus reablement and it was often assumed, for instance, that because therapists are involved within both SEPT and the CBC service, they must be the same and seeking to support the same type of need. This results in referrals being made to both SEPT and the reablement services and whoever answers first gets the client / patient, rather than the decision being made on the basis of which service can best support the person's needs.

65. The peer team recommend that the eligibility criteria for each of the three reablement services are clearly defined by each and that these are communicated to all across the whole system. This point directly links to and builds on the previous one, and will enable a clear and consistent understanding by all involved, thereby ensuring that referrals are made on the basis of which service best supports the person's needs at that time. It will also ensure any unnecessary overlaps or gaps in provision can be identified, rather than it being assumed that the reablement services provided by CBC and BBC are providers of last resort and therefore expect them to accept people for whom the service is totally inappropriate.

66. It is recommended that SEPT clarify timely and appropriate notification of people needing care on exit from the pathway, including those in spot purchased beds.

From discussions it was understood that the CCG have recently started to place patients with care homes for low level rehabilitation support and the first the Councils know about them is when they are referred to them upon completion of their six week period. It is understood that this has created significant issues for the CBC and BBC who believe that any real opportunities to maximise the person's independence have been lost.

Seamless and effective service delivery

Generic Reablement

Areas for consideration

- Develop a clear understanding of the purpose of the services in the context of the whole system and ongoing pressures on Homecare and Acute beds

- Define and communicate each service's eligibility criteria across the whole system

- Ensure these eligibility criteria enable staff to appropriately place customers on the correct pathway

- Model population demand, define the capacity required and source each service accordingly

- Agree a consistent prioritisation protocol across the system for the use of available home care capacity and available reablement capacity

- Implement a process to match demand to capacity on an ongoing basis using the agreed prioritisation protocol

- Look for the reasons for the different reablement outcomes across CBC and BBC and the reasons for the different exit rates from SEPT across the two areas

- Develop strategies to ensure appropriate capacity in the home care market is available for timely exit

- Consider the scope for joint benefits in the replacement of SWIFT across CBC and BBC

67. The peer review team recommend that CBC, BBC, BCCG and SEPT develop a clear understanding of the purpose of the three different reablement services in the footprint in the context of the whole system and the ongoing pressures on Homecare and Acute beds. Currently there appears to be confusion amongst all of the organisations on the role, purpose and focus of each service and, therefore, which people and types of need are most appropriately supported by which service. This lack of clarity and understanding has clear operational issues and also prevents a shared understanding of potential overlaps and gaps in the range of provision. Not all people can be appropriately supported by rehabilitation and reablement services because they are not providers of last resort but services focused on maximising a person's independence. When shared clarity is achieved it will improve service delivery and lead to better outcomes for residents and will also provide the basis for reviewing the services from the perspective of integrating services more effectively and potentially offering cost savings.

68. As has been suggested previously the peer team recommend each service's eligibility criteria should be defined and communicated across the whole system. This would ensure, for instance, that people are referred to the service most appropriate to supporting their needs at that time rather than to whichever service agrees first, or is required, to accept the referral.

69. Ensure these eligibility criteria enable staff to appropriately place customers on the correct pathway. The organisations should then model population demand, define the capacity required and source each service accordingly and agree a consistent prioritisation protocol across the system for the use of available home care capacity and available reablement capacity.

70. Implement a process to match demand to capacity on an ongoing basis using the agreed prioritisation protocol. In any system it is highly likely that demand will, from time to time, exceed supply and so decisions need to be made as to the basis on which priority is given to the limited resource. This requires a clear shared understanding and active management of cases being referred and accepted by each service on a daily or even hourly basis at critical times.

71. Look for the reasons for the different reablement outcomes across CBC and BBC and the reasons for the different exit rates from SEPT across the two areas. From discussions with Council staff there was no understanding of the significantly different performance levels by SEPT in terms of the two Council services. The peer review team were informed that it was directly related to the availability or not of capacity within the domiciliary care providers. This issue needs further investigation and verification to ensure that the reasons for this difference in performance are understood to maximise performance across the system.

72. Develop strategies to ensure appropriate capacity in the home care market is available for timely exit and consider the scope for joint benefits in the replacement of the SWIFT information technology system across CBC and BBC. It was understood from discussions that both councils are in the same position and need to replace their current SWIFT systems within 18 months with both having explored the same options. This is an opportunity worth exploring.

Moving forward

- The peer reviewers recognise the positive relationships between the partners

- However, now is the time for action – failure to respond appropriately to the challenges facing them will have serious implications for local people

- There needs to be acknowledgement by all parties that the current arrangements are fragmented, cost ineffective and are not delivering the best outcomes for residents

- A new approach starting with the person at the centre needs to be developed and all parties need to commit to achieving this goal regardless of the impact on organisations

- So, the first step is gaining agreement to this approach, then representatives need to work through the evidence and best practice and propose a way forward for the partners which demonstrates benefits for local people and benefits for care and health economy as a whole

73. The peer reviewers recognise the positive relationships between the partners. However, now is the time for action – failure to respond appropriately to the challenges facing everyone will have serious implications for local people. There needs to be acknowledgement by all parties that the current arrangements are fragmented, cost ineffective and are not delivering the best outcomes for residents. A new approach starting with the person at the centre needs to be developed and all parties need to commit to achieving this goal regardless of the impact on organisations.

74. So, the first step is gaining agreement to this approach, then representatives need to work through the evidence and best practice and propose a way forward for the partners which demonstrates benefits for local people and benefits for the care and health economy as a whole.

Contact details

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For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see our website http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE

Read the Adults Peer Challenge Reports here http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/7375659/ARTICLE

APPENDICES

Appendix 1: Reablement / Rehabilitation Peer Review Key Lines of Enquiry

Key lines of enquiry agreed for this review have been based on the following Commissioning for Better Outcomes Domains: (1) Person Centred and Outcome Focussed, (2) Well led, (3) Promotes a sustainable and diverse market

Domain 1: Person Centred and outcome focused
Key lines of Enquiry:
1. How well do we ensure the delivery of outcomes that matter most to an individual?
2. To what extent do support plans and associated tools help deliver strengths and asset based approach?
3. How well does the information, advice and support we provide empower people to have choice and control over their care and support?
4. Are services seamless and does this prevent people from having to tell their story more than once?
5. How effectively do we routinely capture and use what service users, families and carers say about services in order to make improvements?

Domain 2: Well Led
Key Lines of Enquiry:
6. To what extent are the vision and values well understood and owned by staff, partners and the public?
7. To what extent is there a whole systems and integrated approach to commissioning for better outcomes?
8. How well do we support practitioners to understand and implement our approach?
9. To what extent do we use evidence (qualitative and quantitative) about what works well and not so well to improve future service delivery/policy/approach and are reporting mechanisms robust?

Domain 3: Promotes a sustainable and diverse market
Key lines of enquiry:
10. To what extent do we ensure services are widely available, well promoted and consistent?
11. How effectively do we work with staff, providers and partners to ensure the right amount and right quality of reablement/rehabilitation is in place to meet demand?
12. How well do we ensure that we have the right level of skills and capacity in place to delivery good quality and safe services?
13. How well does the Council and its key partners prioritise investment in a whole systems reablement/rehabilitation approach?

Appendix 2: Principles and expectations for good Adult Rehabilitation

Rehabilitation is everyone's business: Principles and expectations for good Adult Rehabilitation
NHS Wessex Strategic Clinical Networks, 2015.

https://www.networks.nhs.uk/nhs-networks/clinical-commissioning-community/documents/principles-and-expectations

The Principles of Good Rehabilitation services, good rehabilitation services will:

1. Optimise physical, mental and social wellbeing and have a close working partnership with people to support their needs.
2. Recognise people and those who are important to them, including carers, as a critical part of the interdisciplinary team.
3. Instil hope, support ambition and balance risk to maximise outcome and independence.
4. Use an individualised, goal-based approach, informed by evidence and best practice which focuses on people's role in society.
5. Require early and ongoing assessment and identification of rehabilitation needs to support timely planning and interventions to improve outcomes and ensure seamless transition.
6. Support self-management through education and information to maintain health and wellbeing to achieve maximum potential.
7. Make use of a wide variety of new and established interventions to improve outcomes e.g. exercise, technology, Cognitive Behavioural Therapy.
8. Deliver efficient and effective rehabilitation using integrated multi-agency pathways including, where appropriate, seven days a week.
9. Have strong leadership and accountability at all levels – with effective communication.
10. Share good practice, collect data and contribute to the evidence base by undertaking evaluation/audit/research.

Appendix 3: The Commissioning for Better Outcomes Standards

These standards set out ambitions for what good commissioning is, providing a framework for self- assessment and peer challenge.
The nine standards are grouped into three domains. There is considerable overlap between these and all elements need to be in place to achieve person-centred and outcomes-focused commissioning.

Domain	Description	Standards
Person-centred and outcome focused	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level.	1. Person-centred and focused on outcomes 2. Co-produced with service users, their carers and the wider local community
Well led	This domain covers how well led commissioning is by the local authority, including how commissioning of social care is supported by both the wider council and partner organisations.	3. Well led 4. A whole system approach 5. Uses evidence about what works
Promotes a sustainable and diverse market	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	6. A diverse and sustainable market 7. Provides value for money 8. Develops the workforce 9. Promotes positive engagement with providers