

Appendix 1

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

29th March 2017

Joint LGA Peer Review: Reablement and Rehabilitation

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Public

Purpose of this report

To present the findings of the Joint LGA Peer Review into Reablement and Rehabilitation, in October 2016 across Central Bedfordshire and Bedford Borough Councils.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Receive the LGA Peer Review Report on Reablement and Rehabilitation services in Central Bedfordshire.
2. Note the findings and recommendations of the Review
3. Endorse the Next Steps

Background

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| 1. | Central Bedfordshire Council (CBC) and Bedford Borough Council (BBC) asked the Local Government Association (LGA) to carry out an Adult Social Care Peer Review as part of the East of England's Association of Directors of Adult Social Services (ADASS) Programme of Regional Peer Reviews focussing on the Councils' work on Reablement and Rehabilitation. It was agreed with Bedfordshire Clinical Commissioning Group (BCCG) and SEPT Community Health Services to cover health and social care services. |
| 2. | The Peer Challenge provides 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. Although not an inspection, the Peer Challenge offers a supportive approach, undertaken by friends – albeit 'critical friends.' It is designed to help an authority and its |

	<p>partners assess current achievements, areas for development and capacity to change. It aims to help an organisation identify its current strengths, as much as what it needs to improve and should also provide it with a basis for further improvement.</p>
3.	<p>The members of the Peer challenge team were:</p> <ul style="list-style-type: none"> • 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
4.	<p>The focus for the review was:</p> <ul style="list-style-type: none"> • 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 also sought to understand where the service could better streamlined or avoid duplication
5.	<p>The benchmark for this Peer challenge was the amended Commissioning for Better Outcomes Standards for Reablement and Rehabilitation created by Suffolk County Council.</p>
6.	<p>The scoping meeting for the Peer Challenge included representatives from both Bedfordshire Clinical Commissioning Group (BCCG) and the provider organisation South Essex Partnership Trust (SEPT) who, along with the two Councils completed self-assessments or this review.</p>
7.	<p>Central Bedfordshire's Self Assessment concluded that:</p> <ul style="list-style-type: none"> • CBC provides a good service to customers • CBC listens to what customers want and has worked hard to improve processes • It sometimes takes too long to arrange Domiciliary Care, but staff are working on fixing this through a new provider framework • All staff are well trained and feed back ideas through regular meetings • CBC could work more closely with Health colleagues but this is difficult while our customer records systems are so different and there are different points of access. • Work has been undertaken to implement the recommendations from a review of the Council's Reablement Service in August 2014. The Peer

	Review team was asked to consider how the changes had been embedded.
8.	The review team met with elected Members, staff and managers from Central Bedfordshire council, Bedford Borough council, Bedfordshire Clinical Commissioning Group, South Essex Partnership Trust and two General Practitioners.
9.	Healthwatch Central Bedfordshire conducted a telephone survey of 131 customers and carers from details provided by Central Bedfordshire Council, Bedford Borough Council and SEPT, from which they obtained 89 answers. See Appendix 1
10.	The Peer Review was conducted under five key domains: <ol style="list-style-type: none"> 1. Well led 2. Person-centred and outcomes-focused 3. Promotes a sustainable and diverse market place 4. Integration with health 5. Seamless and effective service delivery
Review Findings	
11.	The review noted that at strategic level there is an awareness and recognition between partners of the need to work better together to deliver effective services and therefore outcomes for customers. 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.
12.	The team noted the important role of the STP to drive progress at a strategic level and for elected representatives to be included in the STP process to ensure the democratic mandate is addressed and local people's views are effectively included.
13.	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 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 deliver efficiencies
14.	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.
15.	In discussions with CBC, BBC, BCCG and SEPT the overriding view with regards to their relationships is that they all feel something needs to change in order for further progress to be made. 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.

16.	From various discussions, it became clear that there is wide spread confusion about the nature, focus and purpose of rehabilitation versus reablement. 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 CBC 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.
17.	The Peer Review team noted the need for a clear understanding of the purpose and eligibility criteria of the three different reablement services and that these are communicated to all across the whole system. Furthermore, that the ongoing pressures on Homecare and Acute beds in the footprint should be better understood.
18.	It was clear to the Peer Review team that all organisations will miss the opportunity to improve reablement services if they do not address the issues of market capacity and access to care packages.
19.	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.
20.	There is a need for a greater collaboration and alignment across services at the commissioning and operational level.
21.	The Peer Reviewers recognised 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”.
22.	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.
23.	Organisations were asked to consider how to move towards an improved level of shared intelligence to deliver better outcomes for residents.
Key Recommendations	
24.	The Peer Review Team set out a number of recommendations against the five key areas (see Appendix 2). These include:
25.	<ul style="list-style-type: none"> A 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.

26.	<ul style="list-style-type: none"> A recommendation 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.
27.	<ul style="list-style-type: none"> 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.
28.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.
	Next steps:
30.	CBC, BBC, SEPT and BCCG are currently meeting to discuss how to implement the recommendations. In response to paragraph 26 (above) Transformation Boards have recently been established in Central Bedfordshire and Bedford Borough with the CCG and key health provider partners.
31.	An Action Plan is in development and will form part of the 2017/19 BCF Plan. The intention is to move to join up oversight of customers/patients across the SEPT and Council services, to align staff and to look to joint management arrangements. The timeline for this will be set out in the forthcoming BCF Plan.
32.	The Council is taking part in the re – procurement of Community Health Services that includes the Council's current investment in the SEPT Reablement services (c£500,000). The intention to consider integration of other services in the coming months has been included in the Service Specification.

Financial and Risk Implications

1. Financial and risk implications of implementing the recommendations of the Peer Review will be considered as part of the BCF 2017/19 Plan.

Governance and Delivery Implications

Delivery of the recommendations will be overseen by the BCF Commissioning Board. Progress on delivery will be reported to the Health and Wellbeing Board and the Central Bedfordshire Transformation Board.

Equalities Implications

2. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
3. The effective working of the Reablement and Rehabilitation services across the whole Bedfordshire area is very important to vulnerable residents leaving hospital.
4. This review and subsequent steps to improvement have been taken with a view to improve outcomes and experience for the customer.
5. 131 current and recent customers were contacted by Healthwatch to give their views which were included in the Review and taken into consideration. In future surveys the responses will be broken down by different types of disability in order to more closely examine the impacts on different customer groups.
6. Any subsequent changes to service or provision will involve further engagement with customers and will be managed through Equalities Impact Assessments

Implications for Work Programme

7. Implementation of the recommendations of the Peer Review will be taken forward as part of the BCF Plan 2017/19.

Appendices

The following Appendices are attached:

1. APPENDIX 1:Rehab and Reablement Telephone Survey report by Healthwatch (PDF)
2. APPENDIX 2: Central Beds Bedford Borough Peer Review Report Final (PDF)

Background Papers

3. The following background papers, not previously available to the public, were taken into account and are available on the Council's website: None