

**TELFORD & WREKIN COUNCIL**

**CABINET - 22 SEPTEMBER 2011**

**PROPOSAL FOR THE TRANSFORMATION OF REHABILITATION AND RE-ABLEMENT SERVICES WITHIN TELFORD & WREKIN**

**REPORT OF HEAD OF CARE AND SUPPORT**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

- 1.1 This report sets out a vision for rehabilitation and reablement services in Telford & Wrekin. National evidence suggests that with the appropriate services in place the numbers of people requiring ongoing care and support and the amount of support they require can be significantly reduced and their quality of life improved.
- 1.2 A Strategy has already been endorsed by the shadow Health and Wellbeing Board and the model will also be presented to NHS Telford & Wrekin Board for approval on 14 September 2011
- 1.3 This paper seeks member approval and acknowledgement of the need to work in partnership with NHS colleagues to deliver the vision and jointly work towards a re-direction of investment into this area.

**2. RECOMMENDATIONS**

- 2.1 **Endorse the model for rehabilitation and re-ablement and continue to build constructive relationships with potential partners including SaTH, GPs, NHS Telford & Wrekin, The Shropshire Community Health NHS Trust and the Voluntary Sector**
- 2.2 **Acknowledge shifts to community rehabilitation will require partnership commitment to resources. An element of funding will be the Department of Health monies allocated under Section 256 (£488,000) and transferred to Telford & Wrekin Council.**
- 2.3 **Support the implementation of this model in collaboration with relevant stakeholders.**
- 2.4 **Support the use of funding transferred to the Council by the PCT under a Section 256 agreement to develop rehabilitation services.**

### 3. SUMMARY IMPACT ASSESSMENT

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	<p>Adult Care and Support Priority Plan</p> <p>(a) Improve quality of life</p> <p><input type="checkbox"/></p> <p>Continuing to develop good quality and effective prevention services by supporting local people who require assistance to maintain good health and independence longer</p> <p><input type="checkbox"/></p> <p>(b) Maintain health &amp; wellbeing</p> <p><input type="checkbox"/></p> <p>Increase support to people to maintain or regain their independence through early intervention, preventative services and re-ablement so that people can continue to live at home</p> <p><input type="checkbox"/></p> <p>(c) Ensure dignity and safety</p> <p><input type="checkbox"/></p> <p>Continue to ensure vulnerable people are safeguarded from harm</p>
	Will the proposals impact on specific groups of people?	
	Yes	The model will predominantly impact on older people and adults with a physical disability/long term condition
<b>TARGET COMPLETION/DELIVERY DATE</b>	A Project Steering Group and implementation plan will be established setting out key milestones	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p>The transformation program for Social Care has identified prevention as a strategy which could lead to an overall reduction in the cost of longer term support for vulnerable adults, although it is difficult to model the potential savings until the scheme provides some data to base a financial model on.</p> <p>The move to preventative services has already begun and has been a major consideration in service redesign.</p> <p>Therefore the funding for ongoing costs is built within existing resources, though these will soon be affected by the impact</p>

		<p>of Government grant cuts which will require reductions of over 20% in Council service spending in future. The Government announced additional funding for PCTs to share with Councils on healthcare services in 2011/12 totalling £2.536m for our area with the intention of £0.428m of the funding facilitating working together with Councils on prevention in Adult Social Care. The balance of the funding has been more than absorbed by cost switches from the PCT. It is intended therefore to fund the costs of the strategy from within existing resources, and modelling will be undertaken to identify the potential for savings once sufficient data is available.</p>
<b>LEGAL ISSUES</b>	Yes/No	<p>The Local Authority's social services responsibilities are set out in Schedule 1 of the Local Authority Social Services Act 1970</p> <p>Under Section 256 of the National Health Service Act 2006, a PCT may make payments to a local authority or registered social landlord (and under section 257 to the voluntary sector) in connection with the provision of social services, educational functions performed for the benefit of disabled people, housing, meals and recreation for old people and any other local authority functions that : have an effect on the health of any individuals; have an effect on, or are affected by, any NHS functions ; are connected with any NHS functions.</p> <p>The Secretary of State issued Directions for Local Authorities and PCT's in March 2000 ,which are still relevant and have transferred to the 2006 Act ,namely Directions by the Secretary of State as to the conditions governing payments by health authorities to local authorities and other bodies under Section 28A of the National Health Service Act 1977.</p> <p>Formal agreements between the Council and the PCT are required to be entered into under Section 256 and the Secretary of State's Directions</p>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	<ul style="list-style-type: none"> <li>Lack of accurate cost data relating to existing services within</li> </ul>

		<p>the acute sector.</p> <ul style="list-style-type: none"> <li>• There are a number of budget pressures where over performance can clearly be identified and is critical to rehabilitation e.g. community equipment. It is important that in progressing this work a clear financial position statement is agreed, which is realistic to enable reconfiguration to progress.</li> <li>• Success depends on strong leadership and governance arrangements.</li> <li>• Implications in relation to the rapidly changing landscape; the establishment of the new Shropshire Community Trust, the reconfiguration of services at SaTH, the Council's restructure, the abolition of PCT's in 2013 and the introduction of GP led Commissioning.</li> </ul>
<b>IMPACT ON SPECIFIC WARDS</b>	No	Borough-wide impact

## **PART B) – ADDITIONAL INFORMATION**

### **4. INFORMATION**

- 4.1 The draft Rehabilitation and Re-ablement Strategy (Appendix 1) was endorsed by the Shadow Health and Well-being Board on 16 June 2011. This report provides a strategic vision for the development of rehabilitation and re-ablement services within Telford & Wrekin (Appendix 1).
- 4.2 The overall aim of rehabilitation and re-ablement is to actively promote the restoration and improvement of a person's physical, emotional or social state, lost or impaired through the effects of disability, disease or injury.
- 4.3 Rehabilitation services cover a wide range of essential support, from short – term interventions to longer term support for older people. For example, helping adults return to work after an illness and older people to live as independently as possible in their own homes.
- 4.4 Re-ablement can be described as an approach or a philosophy within home care services – one which aims to help people do things for themselves, rather than having things done for them. Home care re-ablement services provide personal care, help with activities of daily

living and other practical tasks for a time-limited period (normally up to a maximum of six weeks). Support is provided in such a way that individuals are enabled to develop confidence and practical skills to carry out activities themselves.

- 4.5 The Council's Service Transformation Programme – Putting People First has put a greater emphasis on prevention and re-ablement. Phase one of the service re-modelling has been completed and phase two will commence in early September. There is a commitment to the Rehabilitation and re-ablement Strategy in phase two of the revised model of service delivery for Care and Support. Service redesign has shifted resources to support the strategy and all people who have the potential for rehabilitation will receive rehabilitative support for a period of up to six weeks.
- 4.6 The Strategy provides a position statement of progress to transform rehabilitation and re-ablement services in Telford & Wrekin. It proposes a model of community based service provision which is reflective of national policy and is supported by evidence drawn from a series of local service reviews, audits and mapping of current service provision.
- 4.7 The main findings demonstrated pockets of good practice, however, services are not always joined up, they are often complex to navigate and provision is inconsistent. Consultation with service users and their families has resulted in a recurring message for a single point of contact, telling their story just once with a quick and responsive service from professionals who communicate with one another on a regular basis. The proposed model aims to develop co-ordinated and effective pathways for community based rehabilitation and re-ablement services.
- 4.8 Evidence tells us this is best achieved through health and social care services working together across professional and organisational boundaries with sign up to a core set of principles;
  - Co-located Health and Social Care Teams
  - Multi-disciplinary working
  - A local Telford & Wrekin Focus
  - Aligned Management and Budgets
  - Resources focused on rapid, intensive re-ablement
  - Constructive relationships
  - Common aims and pathways
- 4.9 This model has been proven to achieve a number of outcomes including;
  - Promote and maintain independence and improve quality of life
  - Prevent the unnecessary admission of people into hospital
  - Reduce the number of people admitted to long term care
  - Facilitate speedy and coordinate discharges from hospital
  - Reduce the number of readmissions to hospital or inappropriate referral to community services

- 4.10 In order to progress to implementation of the proposed model, endorsement is required from the key players including Telford & Wrekin Council. The model will also be presented to NHS Telford & Wrekin Board for approval on 14 September 2011.
- 4.11 Appendix 2 sets out more detail in the Report on the Proposal for the Transformation of Rehabilitation and re-ablement services within Telford & Wrekin which went to the Shadow Health and Well-being Board on 16 June 2011.
- 4.12 In recognition of the importance of this vision and strategy the Council and T&W PCT have agreed that resources should be made available to develop services in line with the strategy. T&W Council will make available £500,000 from monies transferred to the Council under a Section 256 agreement. T&W PCT have agreed to invest an additional £488,000 to compliment the Council's investment.

## **5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

- 5.1 An Equalities Impact Assessment has been completed as part of the development of this strategy and no significant issues have been highlighted. The strategy has been progressed in collaboration with key stakeholders and reflects a partnership approach across the Health and Social Care economy taking in to account evidence of best practice and the local context.

## **6. PREVIOUS MINUTES**

- 6.1 None

## **7. BACKGROUND PAPERS**

- 7.1 Rehabilitation & Reablement Strategy – Appendix 1
- 7.2 Report to Health & Wellbeing Board, 16 June 2011 – Appendix 2

### **Report prepared by:**

Christine Harrison, Service Delivery Manager - Commissioning, 01952 381205,  
[Christine.harrison@telford.gov.uk](mailto:Christine.harrison@telford.gov.uk)