Local Government Association

Suffolk County Council **Peer Review Report Reablement and Rehabilitation**

October 2016

Final Report

Table of contents

Executive Summary

Suffolk County Council (SCC) asked the Local Government Association (LGA) to run a Commissioning for Better Outcomes Peer Review, focussing on the Councils' work on Reablement and Rehabilitation. The work was commissioned by Sue Cook, Corporate Director for Adult and Community Services, who was the client for this work. She was seeking an external view on the quality of reablement and rehabilitation in Adult Social Care and with key partners to deliver good outcomes. The Council intends to use the findings of this peer review as a marker on their improvement journeys. The focus for the review was:

- "How well are we working collaboratively across Suffolk to ensure that the right reablement and rehabilitation intervention is available at the right time to support a person in achieving their independence and well-being goals?"

- To review the outcomes for individuals achieved by the Council's reablement offer, how well this offer is currently integrated with health partners to deliver a seamless and effective reablement journey, and how well we are working together with system partners to achieve an integrated reablement journey for the future.

There was evident knowledge, skills and experience within the senior leadership that was enabling clear direction to be given, both within the organisation and the partnership. Senior officers received the support of elected members, who were well informed and understood the challenges faced by the partnership and the needs of a changing local population

The team received a clear message from health partners, particularly the three Clinical Commissioning Groups (CCGs) covering the east and west of the county and Waveney which is part of Great Yarmouth & Waveney CCG, that the moment was right to vigorously pursue a more in-depth way of working together. The team acknowledged that the partners and SCC recognised that there would be issues to overcome in order to achieve the positive benefits of a more engaged way of working and that these could destabilise the joint ambitions if they were not addressed.

In the team's view the managers who were in place were of a high calibre. The organisation has benefitted from the Corporate Director coming into post and quickly providing a clear strategic direction. However, during a time of change, particularly ensuring the positive changes that have already been made are embedded and applied consistently, thought will need to be given as to how the interim arrangements are managed.

The team did not find a lot of evidence or examples of co-production. Greater use could be made of information from service users and other stakeholders, complaints information and comments received from residents, which could help to drive the development of the commissioning approach. There are significant amounts of performance management data available and more could be done to use the analysis to manage future demand. Both the use of residential and nursing care requires attention, so too the average length of stay for residents, particularly when compared to comparator authorities.

The team saw no evidence of a risk framework that set out a coherent view of what was appropriate risk and how this was determined for an individual. This led to inconsistencies in approach. An inconsistent approach will lead to inconsistent outcomes for people. Consistent risk management will support frontline staff, their managers and partners to work consistently across the whole system. The development of a risk based approach will need support from senior managers and be fully understood by politicians.

The team did not see clear evidence of a customer care pathway. There needs to be a way of communicating to staff, partners and potential service users what the criteria are for tier one and two interventions, primary prevention and where the organisation's key objectives fit within this. This included a lack of clarity on structure and access points; specifically in relation to Reablement and Rehabilitation there needs to be greater clarity about each one's function and their place in the intermediate tier.

Report
Background

1. Suffolk County Council (SCC) asked the Local Government Association (LGA) to run a Commissioning for Better Outcomes Peer Review, focussing on the Councils' work on Reablement and Rehabilitation. The work was commissioned by Sue Cook, Corporate Director for Adult and Community Services, who was the client for this work. She was seeking an external view on the quality of reablement and rehabilitation in Adult Social Care and with key partners to deliver good outcomes. The Council intends to use the findings of this peer review as a marker on their improvement journeys. The focus for the review was:

    - "How well are we working collaboratively across Suffolk to ensure that the right reablement and rehabilitation intervention is available at the right time to support a person in achieving their independence and well-being goals?"

    - Review the outcomes for individuals achieved by the Council's reablement offer, how well this offer is currently integrated with health partners to deliver a seamless and effective reablement journey, and how well we are working together with system partners to achieve an integrated reablement journey for the future.

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 was the amended Commissioning for Better Outcomes Standards 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
    - Reablement Practice

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:

   - **Ian Winter CBE.,** Independent Consultant, Lead Peer
   - **Cllr Steve Charmley,** (Cons) Deputy Leader, Shropshire Council
   - **Richard O'Driscoll,** Head of Service Development (Older People), Cambridgeshire County Council
   - **Vernon Nosal,** Strategic Head of Adult Safeguarding & Quality Assurance, Surrey County Council
   - **Ann Donkin,** Interim Programme Director. Buckinghamshire Health & Care System
   - **Jonathan Trubshaw,** Review Manager, Local Government Association

6. The team was on-site from Tuesday 18th October – Friday 21st October 2016. To deliver the strengths and areas for consideration in this report the peer review team reviewed over sixty documents, held 60 meetings and met and spoke with at least 95 people over four on-site days spending 46 working days on this project, the equivalent of more than 320 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 Council, including a self-assessment against key questions from each Council and the CCG

   The LGA would like to thank Sue Cook, Corporate Director for Adult and Community Services, John Lewis, Interim Assistant Director, Adult and Community Services, Bal Kaur, Interim Assistant Director, Social Work Services and their colleagues Gillian Clarke, Head of Strategic Commissioning (Reablement Lead) and Heather Potter Peer, Review Programme Co-ordinator for the excellent job they did to make the detailed arrangements for a complex piece of work across key partners with a 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 outcomes; the team were all made very welcome.

7. Our feedback to the Council 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

- New senior leadership
- Established history of partnership and working together
- The challenge of public finances
- Complex and challenging conditions faced by NHS partners
- Pre-election phase
- Some well-established services and staff that support stability
- Rising demand and imminent winter pressures
- Some senior posts are filled on an interim basis

8. At the time of the team's visit there was a relatively new senior leadership team in place with a number of interim posts and structures, not least the interim arrangements for a Corporate Director covering both Adults and Children.

9. Alongside corporate changes there were clear examples of established working practices with other organisations and these had their benefits; a familiarity and understanding of each other's practices. The team also heard evidence from a health partner that although recent conversations with SCC have been more challenging than in the past, they have also been more productive. There were also some detractions; becoming entrenched in to some extent historical relationships and ways of viewing each other that could prevent the development of new and innovative solutions. There were also examples of established teams and members of staff that provided stability and continuity.

10. SCC and its partners are not alone in having to face the challenge of public finance constraints. Together with this NHS partners are facing their own challenges, which are different in different parts of the county and these in turn present challenges in maintaining a consistent approach to the Council's reablement offer. In particular it was noted that the "Home First" service was taking on a lot of work, which was not considered Reablement. Examples included: mainstream home care and health based activities that would normally be met by NHS intermediate care, e.g. hospital discharges involving healing fractures, and end of life care. These "non-commissioned" activities impact both on capacity and expectations of the service.

11. The Council is facing elections in May 2017. Decisions taken at the time of or post the peer review could potentially shift the strategic direction and service policies and the team appreciated how this might impact the implementation of any choices made about future action.

12. There is rising demand for services both generally across the county and in specific areas brought about by changes in demography. There was also the imminent threat of increased pressures that are likely to arise because of the seasonal, winter affects.

Strategic key messages 1

Strengths

- There is now a clear direction and leadership
- Highly committed, skilled, passionate and energetic workforce
- Positive member support and understanding of the challenges
- The Integrated Reablement and Rehabilitation (IRR) vision is a positive platform for development
- Health partners have told us that this is the moment to harness resources to work together productively
- There is a real appetite across partners for place based leadership and development; the 'what' is clear

13. There was evident knowledge, skills and experience within the senior leadership that was enabling clear direction to be given, both within the organisation and the partnership. Senior officers received the support of elected members, who were well informed and understood the challenges faced by the partnership and the needs of a changing local population.

14. The staff that the team spoke with were committed, skilled and passionate about the services they were providing to residents and this was seen as a strength on which to build in order to deliver a developing reablement offer.

15. The IRR provides a vision for the delivery of reablement and rehabilitation into the future. This is a strong basis for designing and delivering services that will meet projected needs.

16. The team received a clear message from health partners, particularly the three CCGs covering the east and west of the county, and Waveney which is part of Great Yarmouth & Waveney CCG in the north, that the moment was right to vigorously pursue a more in-depth way of working together. The team acknowledged that the partners and SCC recognised that there would be issues to overcome in order to achieve the positive benefits of a more engaged way of working and that if these could destabilise the joint ambitions if they were not addressed.

17. From the partners that the team met there as a strong desire to create solutions that were focussed on the needs of specific localities. There was a recognition that different places and local populations presented with different issues. The understanding of what needed to be done was clear; there was also a recognition that how this was going to be addressed was not yet fully developed. However, there was a willingness to engage and co-create solutions.

Strategic key messages 2

Areas for consideration

- The positive gains could easily be destabilised
- Whilst there is clear leadership provided by the current interim management arrangements continuity and permanency is urgently required
- The internal and external silo working is a significant barrier to progress
- The commissioning function needs urgent clarification particularly in relation to the three local health and care systems and place development/ central development
- The role of the Health & Wellbeing Board in driving the strategy for integration
- Resource difficulties through the winter risks all current progress
- The lack of clarity, ownership and agreement about DToC in Ipswich jeopardises the whole system
- There are current recruitment and retention difficulties across the wider workforce that need attention
- Co-production is underdeveloped
- Insufficient use of data, information to inform priorities, assess performance limited business processes to ensure comprehensive resource management

18. There was recognition within SCC that there has been a 'recovery' following the not wholly successful roll-out of the Support to Live at Home programme. Although the team saw evidence of this recovery it is not yet fully embedded within the Council or within the wider partnership and this was having a significant impact on the capacity of Home First.

19. In the team's view the interim managers who were in place were of a high calibre. The organisation has benefitted from the Corporate Director coming into post and quickly providing a clear strategic direction, albeit this being an interim arrangement. However, during a time of change, particularly ensuring the positive changes that have already been made are embedded and applied consistently, thought will need to be given as to how the interim arrangements are managed.

20. In the team's view the restrictions created by individuals, teams and organisations working in their professional silos prevented the development of greater integrated working and the creation of innovative solutions. The team also recognised that some boundaries needed to be maintained but these should not prevent effective service delivery for service users and the achievement of their stated outcomes. Feedback from within the Council and from NHS partners confirmed that there was a strong desire among

Occupational Therapy (OT) professionals for much closer alignment and integration and there were some particularly good examples of this in West Suffolk and Waveney. However, the general perception was that each OT team would assess the needs of the service user based on their own organisation's culture regarding risk, resulting in a perceived difference in professional standards.

21. The team did not see clear evidence regarding the commissioning function; what it is, what it is trying to achieve and measures to prove that it is delivering the desired outcomes. There is also a need for greater clarity as to how the Council's commissioning works with the three CCGs, including where arrangements are the same and provide consistency and where they are different to reflect the local context.

22. The team heard evidence from the Chair of the Health and Wellbeing Board (HWB) that there is capacity for a greater role in driving the strategy for integration, particularly with health. More could be done to strengthen the HWB to help it facilitate strategic solutions to issues of partners working ever more closely with each other including how to address the anticipated winter pressures, which was reported to the team as potentially consuming significant resources that would put a strain on the whole social care system.

23. Issues concerning the clarity of roles and responsibility relating to Delayed Transfer of Care (DToC) in Ipswich hospital were reported as causing concern. If there is no collective resolution over the ownership and agreement about managing DToC, the view from some of those contributing to the review was that the whole system could be in jeopardy. A number of staff whom the team met offered the view that the pace of change was severely impacted by the DToC status of the acute trust. Finding solutions to this do not solely rest with the Council and responsibility must be shared with the NHS as a whole system and the functioning of individual frontline staff and clinicians.

24. The team received comments from a number of sources to indicate that there are current recruitment and retention difficulties, not least within frontline social workers and also across the wider workforce. There was a reported reliance on agency staff in the 'care at home' market and there is an opportunity to address these before they become significant. A clear workforce plan to address these challenges (preferably co-produced with NHS and independent provider partners) is desirable.

25. The team saw some examples of co-production and it was surprising to them that there were not more. Greater use could be made of information from service users, complaints information and comments received from residents, which could help to drive the development of the commissioning approach. There are significant amounts of performance management data available and more could be done to use the analysis to manage future demand. Both the use of residential and nursing care requires attention, so too the average length of stay for residents, particularly when compared to comparator authorities.

Well Led

Strengths

- Excellent engagement and leadership from senior politicians to Adult Social Care, its place in the Council and the opportunities and challenges with partners throughout the county

- The Chief Executive has a clear vision for the Council and very significant understanding and commitment to the development and delivery of that vision in Adult Social Care

- Interim Director leadership has, in a very short time, provided direction and leadership and some stability to Adult Social Care – described by many as empowering

- Setting the five key priorities for the Directorate has been an important foundation stone of the last six months

- At senior operational level Assistant Directors are establishing better relationships inside the Directorate and with partners

- There are examples of experienced, committed and skilled managers and practitioners at local level and some examples of innovation, joint working and managing demand

Areas for Consideration

- Uncertainty about future leadership arrangements risks destabilising the excellent work that has already begun

- Pressure often drives the system into increased silo working

- There is a lack of clarity around commissioning functions, roles and responsibilities and perceptions of duplicated effort within the Directorate and across partner organisations

- There are significant internal and external challenges which require a visible, strategic response, e.g. medium term financial planning, a clear strategy for integration, demand management and public health prevention

- The delivery plans to underpin the five priorities are not well articulated or fully understood

- The performance and accountability processes for delivery are not clear or evident

- There is patchy use of public health needs assessment, financial and performance data and soft intelligence from service users and other stakeholders to manage demand and plan services

26. The team received positive feedback from those they met that demonstrated the engagement and support from senior leaders. This showed that there was a willingness to address current issues and to prepare for those to come in the future.

27. The priorities were clearly understood and articulated throughout the organisation. There had been a significant investment in briefing sessions for staff and people knew about and referred to 'concertina', wallet-sized cards displaying the priorities, which ensured that these were easily accessed and provided a clear sense of direction that was applied to the individual's work. There now needs to be a clear implementation and communication plan so that staff are clear on next steps and how the priorities are going to be delivered and how these are enacted through the commissioning approach. These need to set out what the differences are across the three health partner areas. The next iteration of the work could more clearly set out the outcomes that are expected from these priorities.

28. The team heard evidence from partners that relationships with SCC were developing and building. Senior staff were working well with their colleagues in other organisations and this translated to effective working relationships at practitioner level. These relationships will be key in developing responses to future challenges that may test the partnership as organisations face internal constraints and challenges.

29. The team was impressed with the examples that they saw and evidence that they received from the staff they met of good management, clear direction and leadership. It is important that positive messages continue to be reinforced and built upon so that good managerial relationships are developed further. This approach will also help ensure that staff feel valued and that high morale is maintained.

30. A number of staff reported to the team that they valued the focus, drive and sense of empowerment that the Corporate Director for Adult and Community Services had brought since her appointment on an interim basis. The team also noted that the interim nature of her appointment caused some concern over future direction and stability within the directorate and this will need to be addressed.

31. There were concerns that silo working was preventing effective service delivery, both internally and with partners. Internally, staff were focused on their own area of activity and did not always share information or work in an integrated way with one another. One example was in relation to the Home First service and the use of Assistive Technology. There appears to be much greater scope for staff to embrace this approach to support independence and reduce demand on a hard pressed service. There may be opportunities to align or integrate both services within the Council and potentially with health partners.

32. In the team's view there is a need to focus the resources available on the identified priorities, targeting those issues that need to be achieved. Actions need to be supported by the performance, informatics and financial data so

that there is clarity about what it is that needs to be delivered and measured against stated outcomes. There also needs to be greater use made of public health data. Positive mention was made of the newly appointed Director of Public Health. This could provide an important step change in the application of consistent information and shared outcomes. .

Person Centred and Outcome Focused

Strengths

- The development of integrated teams is a strong starting point for person and place centred services
- Strategic sessions held across the county to map rehab and reablement opportunities are an example of pathway development
- *Home First* service is delivering some good services focussed on individual needs and the emphasis on their workforce development is very positive
- Clear evidence of customer engagement in identifying personal outcomes
- Work of OTs at local level is outcomes focussed
- *infoLink* is a useful person centred information portal

Areas for Consideration

- Better, more timely engagement with contract development could be a quick win for co-production
- There has been little evidence of engagement with people who may use services or their carers in commissioning, planning, delivery, organisation or priorities for services and little evidence of the use of customer feedback
- There is little evidence of co-production
- The absence of a pathway that describes the customer journey, outcomes and options is a key block to individual outcomes being measured, understood and delivered
- Consistent application of best practice in use of assistive technology

33. The team saw evidence that Home First were providing support tailored to the individual's needs, which was put in place through discussion and agreement. The Home First team was mutually supportive, sharing examples of good practice and with a strong ethos of staff development.

34. More needs to be done to improve coproduction so that people are engaged in how contracts are developed and managed. This needs to happen both internally within the Council, engaging those staff who will be delivering services as well as other providers and those who will potentially be receiving services. The team did see examples of current coproduction. However, meaningful engagement can only be achieved if sufficient time is given for those participating in the coproduction process can consider, consult and

respond. The planning of the engagement process needs to be developed further to allow people to participate fully throughout the activity.

35. Person centred services appeared to work at an individual level through good commissioning and effective delivery by competent and dedicated practitioners. However, a systemic approach with a greater emphasis on coproduction needs to be applied to ensure there is a genuinely person centred commissioning of services.

36. The team did not see clear evidence of a customer care pathway. There needs to be a way of communicating to staff, partners and potential service users what the criteria are for tier one and two interventions, primary prevention and where the organisation's key objectives fit within this. This should be set out so that delivery and outcomes can be readily measured. Innovative developments in commissioning practice could then be mapped and effective performance shared across the various areas; providing a more coherent and joined up approach to meeting the needs of residents.

37. Better use should be made of assistive technology. Where practice is shown to be making a difference in meeting service user needs this should be shared and applied consistently. The team recognise that assistive technology on its own may not be a solution but when used in conjunction with more traditional modes of delivery can provide a sustainable support for some people. Current arrangements for the provision of assistive technology were not robust and were over reliant on key staff. Assistive Technology was underutilised and greater benefits could be achieved through the development of a clear strategy and implementation plan.

38. There was a concern that a more comprehensive offer of services for reablement was not yet available. Sound outcomes for people will need to include real choices and options. A spectrum of services needs to be developed that includes technology, home care, other assisted housing and very sheltered and extra care opportunities. This will ensure that reablement is a recurring theme throughout individual's lives.

Promotes a sustainable and diverse market place

Strengths

- Out of Hospital services in the West & Waveney are examples of effective integrated working
- Social enterprises are a key part of community resilience as demonstrated by the incubator model and East Coast Community Health
- CCGs (East and West) are keen to develop a joint commissioning approach to the Support to Live at Home programme & market and residential and nursing care

Areas for Consideration

- The absence of clear pathways and a joined-up range of options for managing demand significantly inhibits market development and sustainability
- The Out of Hospital integrated service in Waveney is delivering good results and needs greater pace and spread across localities
- The separation of the commissioning and contracting functions is unhelpful and there is a disconnect with frontline operational services
- There is little evidence of the application of the market strategy, management or development resulting in gaps in provision e.g. respite care

39. The team saw examples of effective working to ensure that a sustainable and diverse market place was being developed. In the West and Waveney the out of hospital services work positively with partner organisations and provide an integrated service that links well across agencies. The team were impressed with the staff who were encouraged to work imaginatively and cooperatively to focus on the needs of individuals; they spoke with passion and enthusiasm about their work. This approach will need to be supported to ensure that it is sustainable and transferable to other localities. The team recognised that this was not the case across the whole of the county and the difficult experiences of the previous year in contracting with providers had resulted in a low base of market engagement and may have impacted on trust.

40. The team heard from several sources that there were difficulties in attracting appropriate staff into the area and that this impacted on the ability of the partnership as a whole to develop the market and ensure that it is sustainable into the future. Examples were given that major employers, including telecoms, brought people into the area and that some of their partners were then employed within the health care sector. There therefore needs to be a long-term workforce plan that looks at the recruitment, retention and development needs of the whole workforce and that is linked to the regional economic development.

41. The team heard from the CCGs in the East and the West that they were keen to work together with SCC to develop a joint commissioning approach. This included an approach to working out how to work together to support and develop the market, as well as how to define a joint stance on what is affordable in residential and nursing care from an integrated perspective.

42. In the team's view the lack of a clear pathway is a key priority that needs to be quickly addressed. Without the pathway there is insufficient clarity both for service users and providers in what is expected to be delivered by whom and at what stage in the care arrangements or services.

43. There appears to be a separation between the commissioning and contracting functions. In the team's opinion this is unhelpful; the structural arrangements prevent staff sharing information effectively and there is a disconnect with frontline operational services, with practitioners reporting that they do not feel that they are sufficiently engaged in the process. The team heard little evidence that frontline staff viewed themselves as commissioners and as such how they took forward the commissioning ethos. Their day-to-day activity needs to be overtly tied into the overall commissioning activity.

44. In the team's view there needs to be a greater emphasis on developing a market strategy that develops, supports and where necessary provides greater management for the market. Unless this is robustly put in place there is a potential for the market to become more volatile, with the associated risks of disruption and cost implications.

Integration with health

Strengths

- There are already examples of integration, joint working and partnership with evidence of good outcomes
- In many service areas there is significant front-line working and problem solving that benefits customers and saves money
- The Out of Hospital Team in Waveney is one example of pragmatic integration that should be replicated
- The team has heard directly from CCGs of an appetite to grasp the moment to develop joint commissioning and delivery
- There are some potential quick wins e.g. joint OT development

Areas for consideration

- The daily fix-it approach at local level is not sustainable. It needs to be matched by a similar sense of urgency in medium and longer-term planning
- Prescribed social care referrals are unhelpful and undermine progress
- Lack of risk framework inhibits reablement
- Inconsistent system leadership and governance arrangements are not enabling integration

45. As has been stated earlier in this report, the team found examples of good integrated working with health, not least the out of hospital service in Waveney. There are now opportunities to build on these individual examples and develop a structured approach to working closely together. However, where there are examples of integrated working these need to remain connected at a local level as well as being consistently applied across the county.

46. The team were given examples of ‘quick wins’ by some of the staff groups that they met. These included Occupational Therapists (OTs) and their managers who suggested that OTs in various teams and organisations should be joined together. This would; improve communication between organisations, improve sharing of knowledge, development and progression, with the associated benefits for recruitment and retention.

47. Frontline staff that the team met were resourceful and applied a “can do” approach to solving problems, often based on good working relationships with colleagues in other organisations. However, more needs to be done to ensure that systems are in place to support individuals that provide a framework for priorities and uses existing good relationships. Commissioning needs to

provide a clear baseline for working together, by setting out measured outcomes and a clear framework of commissioning priorities.

48. The team heard examples of some medical practitioners in hospitals 'prescribing' social care solutions. This is unhelpful and it is important that health colleagues understand what resources are available within the partnership as a whole and the constraints that affect their partner agencies. This would help achieve the right intervention first time, manage service user expectations, and prevent interagency blame when these expectations cannot be met.

49. The team was aware that some risk management was in place. However, the team saw no evidence of a risk framework that set out a coherent view of what were appropriate levels risk and how this was agreed with an individual or their carer. This led to inconsistencies in approach with examples given of OTs setting a risk threshold in one setting (hospital) that was different to that being applied in another setting (the service user's home). In one, risk is kept to a minimum, where as in another the individual is encouraged to manage their risk level to support their reablement. An inconsistent approach will lead to inconsistent outcomes for people.

50. In order to manage demand there will need to be an increase in the level of risk that will need to be applied consistently across the whole system; at practitioner level, managerial level and at a partnership level, which will need to be supported at a political level. Supervision will be an important tool to ensure a risk framework is embedded and applied consistently and at a level that is appropriate for the individual. The commissioning and contracting processes will also need to take a consistent approach to risk to ensure that providers and service users are also aware of how outcomes will be set and worked towards. In order for this to be achieved there will need to be increased levels of coproduction.

51. There needs to be a clear and consistent view on the approach towards integration. The pressures on partner organisations was clearly articulated and understood. However, the governance structures need to support the integration agenda, whatever that is determined to be. Until these have been agreed there will continue to be some inconsistencies.

Reablement Practice

Strengths

- Integrated neighbourhood teams are a sound basis for development
- The IRR vision is comprehensive and a significant platform for development
- Home First delivers reablement with individuals and should be protected and ring-fenced
- There has been some excellent work to communicate with and engage frontline staff in reablement practice
- The development of a SharePoint exchange for information and practice is positive
- Early indicators show that some individuals are achieving high levels of post-intervention independence

Areas for consideration

- Definitions and use of language continue to bedevil some delivery and cause confusion
- There is urgent need to establish benchmarks and targets to assess progress and establish performance
- There is no framework for managing risk or understanding capacity at a system level
- Discharge to Assess and its interface with reablement needs clarification
- There is an urgent need for clarity between reablement, intermediate care and rehabilitation across the system
- The over-reliance on reablement as the primary tier two intervention is inadequate

52. The team saw examples of good and positive work being led and undertaken at all levels across all partners. Where integrated neighbourhood teams were in place these provide a sound basis for further development, as does the IRR vision. The Home First service is providing individuals with person centred care and should be protected and supported so that this is not overly diluted with demands to deliver the care of last resort. Effort has been made to communicate with staff and set out the reablement offer, including a SharePoint for information to be exchanged on good practice.

53. The definitions and language used to describe what is being delivered needs to be more consistent. The partnership needs to develop a set of understandings that is common across all agencies; the team believed that at

present the partners were further apart on what could support and achieve reablement than they should be, given that there appeared to be agreement about the priority of reablement. Professionals within agencies and across agencies need to know what each other mean when specific terms are used and more importantly that carers and service users receive a commonly understood language so that there is consistency in describing expectations and in meeting those expectations. The generic use of the term “Reablement” to describe a broad range of services was not considered to be helpful by some of the participants, as it could lead to misunderstanding and confusion about its function. Significantly, it also masked gaps in other key services such as intermediate care. A clear description of the pathway and of the relevant components would seem to be a priority.

54. Benchmarks need to be put in place so that the analysis of performance data can provide greater clarity on direction of travel. The team saw a lot of performance data and more could be done to show how improvements are being made and measured.

55. The relationship between Discharge to Assess and reablement needs to be more explicit. The links between reablement intermediate care and rehabilitation also need to be made so that there is a system wide understanding of the different processes. A simple to read and understand description of the various elements setting out what each entails and where they lead into and on from each other would help clarify the pathway for both service users and providers.

56. There may be an over-reliance on reablement as the primary tier two intervention. The team heard from some partners that they met, that other approaches should be considered. There needs to be a suite of options alongside reablement that support people with very different needs and these should be available right up to end-of-life, though the circumstances and conditions of reablement will be different. At present, the same options for reablement keeps on reoccurring as people are readmitted to hospital for different and various conditions that they experience.

Moving forward

- Establish a clear pathway for the intermediate tier (intermediate care, reablement, short-term nursing)
- Rapidly develop the market to protect Home First so that it can fulfil its primary function
- Workforce planning for the wider health and social care system that supports integration
- Make opportunities for integrated posts at all levels
- Align the OT service
- Urgently develop an assistive technology strategy and deliver it
- Ensure that extra-care beds become part of the resources to manage demand
- Urgently develop joint commissioning functions
- Develop a system wide data set (one version of the truth!)
- Take steps to support local health and care systems at both commissioner and delivery level that enables innovation and promotes personalisation
- Take existing exemplars and rapidly develop elsewhere e.g. of Out of Hospital in Waveney and Early Intervention in West Suffolk
- Focus and target the prevention offer in partnership with public health
- Co-produce contract development

57. In the team's opinion the above points represent practical actions that could be taken in the short-term to ensure reablement is more clearly defined and taken forward. There was an appreciation of the environment that SCC is operating in and the challenges that this presents.

58. Having a clearly defined pathway will help service users, carers and providers from across the partnership, understand what is required from whom by when. Having a clear definition will help in the commissioning and thereby supporting appropriate integration of services.

59. There is need to invest more in developing the market so that Home First can be focused on delivering what it is primarily intended to deliver. There is a good basis of staff development and with a clearer focus the staff can be freed to put into practice the skills that are being invested in them.

60. There needs to be a strategic approach across the partnership, to planning the wider social care workforce. Where appropriate greater integration needs to planned with partners so that similar functions can be brought together and

OTs are a good place to start given the professional willingness to share and support one another.

61. Rather late in the process, the team learnt that there are up to 800 extra-care beds available. These should be taken into account when considering the strategic response to managing future demand and, as commented previously, be seen as a key element of avoiding or delaying more costly care options, while representing good outcomes for individuals.

62. The team received statements from the CCG representatives that there was an appetite to work much more closely together. There is an opportunity to develop and engage in joint commissioning. This should be taken quickly, building on the positive comments and develop the impetus for change and collaboration.

63. The existing support to local health and care systems, at both commissioner and delivery level needs to be developed further so that the examples of good practice that include the out of hospital service in Waveney and the Early Intervention work are built on throughout the county so that it promotes personalisation.

64. Coproduction will engage service users, providers and practitioners. This needs to be conducted in a systematic way throughout the commissioning cycle.

Contact details

For more information about this Adults Peer Review on Reablement and Rehabilitation at Suffolk County Council please contact:

Jonathan Trubshaw
Review Manager
Local Government Association
Email: jonathan.trubshaw@btinternet.com
Tel: 07736509794

Marcus Coulson
Programme Manager – Adults Peer Challenges
Local Government Association
Email: marcus.coulson@local.gov.uk
Tel: 07766 252 853

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