

Agenda Item No: 7

Reablement Service 'Deep Dive'

To: Adults Committee

Meeting Date: 9 November 2017

From: Executive Director: People and Communities

Electoral division(s): All

Forward Plan ref: N/A **Key decision:** No

Purpose: To note this 'deep dive' report on the Reablement Service which includes an update on the impact of key initiatives progressed to date as well as future plans to address challenges arising.

Recommendation: To consider the report and provide comments on progress so far and issues raised.

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1. BACKGROUND

1.1 What is Reablement?

1.1.1 The Reablement Service is managed by Cambridgeshire County Council's People and Communities Directorate and works with adults over the age of 18 who live in Cambridgeshire providing short term social care intervention. The main aim of the service is to promote independence through supporting individuals to learn/re-learn skills which may have been lost through deterioration in health and/or increased support needs. It is also a preventative service supporting individuals to manage and maintain their skills for daily living. Reablement is different from the traditional home care approach of providing personal care for people, and is aimed at helping people to manage for themselves.

1.1.2 The primary objectives of the Reablement Service are to:

- Ensure the service provides personalised support which meets the outcomes of each individual and their carer(s). This should allow them to exercise choice and control as they live independently in the community and to manage both short term and longer term support needs.
- Ensure individuals are able to remain in their own home for as long as possible through preventing hospital admission and supporting hospital discharge.
- Work towards achieving good quality support services and positive CQC rating that reflects good practice.
- Work in partnership with key agencies in the NHS, independent and voluntary sector to ensure joint planning and decision making with and in the interests of the service user.
- Ensure a commitment to continuous improvement.

1.1.3 The Reablement Service operates on a 7 day basis and provides a wide range of short term support and interventions. Whilst the Reablement Service delivers reablement, enhanced response and homecare within prisons as part of its core service, the service also acts as a 'provider of last resort' and delivers mainstream homecare where required. Each of these areas is summarised in the table below:

Core Service:	Provided where required:
<p>Reablement: The Reablement Service assesses need and puts in place an active programme of short term, targeted intervention to help service users to regain their independence</p> <p>Enhanced Response: This service runs 24/7 and offers one-off support visits for those individuals who have requested an urgent response through their Telecare lifeline alarm. This avoids unnecessary ambulance call outs and hospital admissions.</p>	<p>Mainstream Homecare: Whilst long term, ongoing homecare is being sourced, the Reablement Service may be required to provide this on an interim basis if home care capacity isn't available through any other source.</p> <p>Act as a Provider of Last Resort: The Reablement Service also provides Mainstream Homecare where care cannot be sourced for a variety of reasons. This is provided on a short term basis where service users would be at risk in the absence of support.</p>

<u>Provide Homecare Support within Prisons:</u> The Service provides Homecare to Prisoners who meet the eligibility criteria for statutory services.	
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- 1.1.4 The Reablement Service is currently managed by two teams based within the North and the South of the County. The service receives referrals for reablement from a wide range of health and social care teams operating within the both the hospitals and the community. On receipt of a referral, the service will work with the service user and their family/carer(s) to complete a holistic assessment and plan future goals or 'goal plan'. The short term intervention is focused on supporting the service user to meet the outcomes contained within the goal plan, with a regular review of progress undertaken. During this time the service will also support the service user to access community based provision and services such as Telecare where this will benefit the service user. A case study has been included in Appendix 1 to demonstrate how the team work with service users in practice.

As outlined within the table below, the recently established management structure effectively aligns the teams to key acute hospitals whilst also achieving a relatively even spread in demand:

Team	Operating Areas	Key Acute Hospitals
North	Huntingdonshire Fenlands Cambourne	Hinchingbrooke Hospital Peterborough Acute Trusts
South	East Cambridgeshire City and South Cambridgeshire	Addenbrookes Hospital

2. LOCAL & STRATEGIC CONTEXT

2.1 Local Context

- 2.1.1 The Reablement Service was established and commissioned by the County Council in 2008, and was initially managed by Cambridgeshire Community Services (NHS Community Trust). In April 2015, the service returned to the direct management of the County Council. The introduction of Reablement in Cambridgeshire has been very successful. The service has a proven track record in providing short term interventions to support people to regain skills and confidence to enable them to live as independently as possible. The service has not only provided consistent and ongoing support to the management of delayed transfers of care from hospital, but has also been successful in managing demand on care budgets. This is evidenced in Figure 4 below which shows that the rate of admission to residential and nursing services for people aged 65+ has decreased in the last 6 years against a background increase in the 65+ population. While this reduction is not all attributable to the reablement service, the service has made a significant impact on this figure. However, the service also operates within a health and social care system experiencing increasing pressure resulting in a number of challenges.

2.1.2 **Reablement:** More than 3,000 adults per year receive a Reablement intervention and of these:

- Approximately 95% are Older People, with 5% being under 65.
- Approximately 59% achieve full independence at the end of their Reablement intervention and so do not require long term funded care.
- An additional 10% improve their level of independence so their ongoing needs for support with daily living tasks and personal care are reduced.
- Approximately 74% of those who have received Reablement following a hospital admission remain independent (i.e. not admitted to either hospital or care home) more than 91 days following discharge.
- The average length of service to achieve these outcomes is 3.5 weeks.
- The Huntingdonshire Team recently underwent CQC inspection and achieved an overall rating of 'Good'.

2.1.3 **Enhanced Response Service (ERS):** This service was recently implemented across Cambridgeshire, and operates 24/7 in responding to Telecare lifeline alerts. Evidence has demonstrated that families and carers are often unable to respond to lifeline alert. This service will respond to alarms to assist an uninjured faller, personal care, catheter care, silent alarm or to provide reassurance. Where the team respond to an uninjured faller this prevents an ambulance call out and possibly admission to hospital. The service can delay or prevent a service user going into a care home by being able to respond as necessary and give the service user and their families reassurance that an unplanned need can be met in the community. Figure 1 shows the reasons for a call to ERS in September 2017.

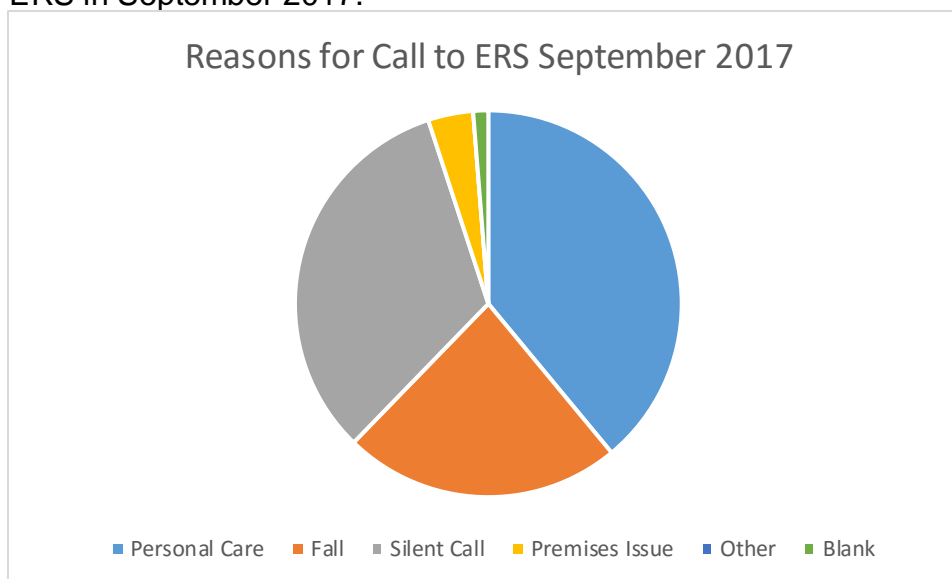


Figure 1: Reasons for Call to ERS in September 2017

2.1.4 Aligning the service to Reablement allows responders to prevent further falls and access Reablement where required, the service is also able to work closely with Assistive technology, Emergency Duty teams and Social Work teams to help keep people independent and at home longer. The responders address immediate needs of the individual, provide reassurance and practical help, for example getting up from the floor or personal care, and would escalate requests to other services if needed. The responder instigates any follow up actions or preventative measures that are

appropriate for the individual and would mitigate risks of reoccurrence. The service is expected to achieve the following benefits:

- Reduction of unnecessary ambulance call outs and their associated costs.
- Early identification of individual's circumstances deteriorating and instigation of preventative interventions. This would, in many cases, lead to postponement of need for a social care package.
- Increased support for informal carers knowing that there is a responding service to assist, especially overnight, enabling them to continue their role for longer, and enabling individuals to remain at home for longer.
- Facilitate a campaign for the increase of uptake of community alarms and telecare sensors and detectors, thus promoting the prevention offer to a wider range of individuals.

2.1.5 The Care Act 2014 is driving changes in Social Care and our partnership with the NHS. Our shared agenda requires adult social care to adopt a person centred approach that focuses on promoting independence, choice and control through earlier advice, information and interventions to prevent, delay and reduce the demand for ongoing care. This is reflected in the Council's strategy for social care – Transforming Lives (Please see Appendix 2). The Reablement service significantly contributes towards the Council's offer to people seeking and requiring early help and preventative support.

2.2 Demand

2.2.1 Reablement plays a critical role in supporting Health and Social Care to manage increasing demand. To provide some context, key areas of demand have been outlined below.

2.2.2 **Population Growth:** In the 6 years since the Reablement Service was launched in 2011, the 65+ population has grown from 99,500 to 118,600 – an increase of over 19%. Figure 3 below shows that this is anticipated to increase by a further 20,000 people over the next 5 years.

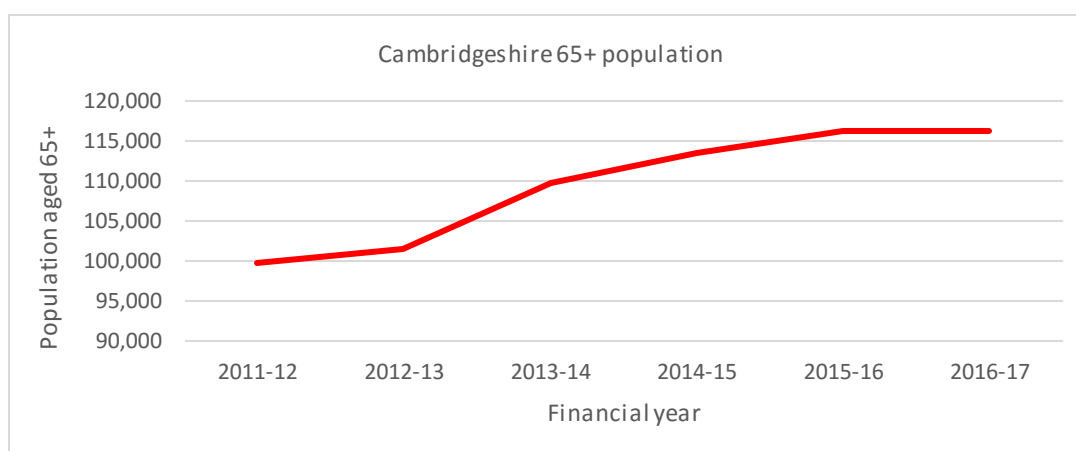


Figure 2: Cambridgeshire Population 65+ over the last 6 years

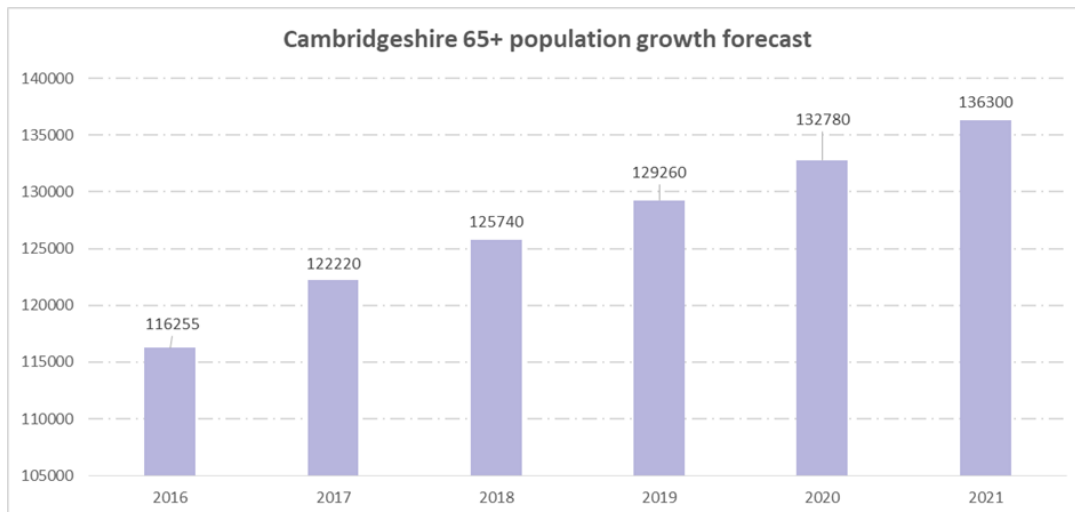


Figure 3: Cambridgeshire Population 65+ growth forecast to 2021

2.2.3 Increases in Hospital Admissions: An increase in admissions of older people, particularly those aged over 85 years, has had a direct impact on patient flow through the hospital and discharge arrangements. The Reablement Service leads on the management of this through supporting individuals who require targeted, social care intervention to return home, either before they are admitted to hospital, or as soon as they are ready to be discharged. However, as demand rises, this is becoming increasingly challenging. Figure 4 below shows the recent trend in relation to such admissions in Cambridgeshire hospitals. The top line of the graph shows a steep increase in demand from November 2016, following a period of relatively consistent admissions. The lines below show the impact on delayed transfers of care awaiting community services. Interestingly between February 2017 and May 2017 we see both a sharp increase in hospital admission and considerable fluctuation month to month. Both conditions are difficult to manage in terms of core community capacity, as these services are largely static.

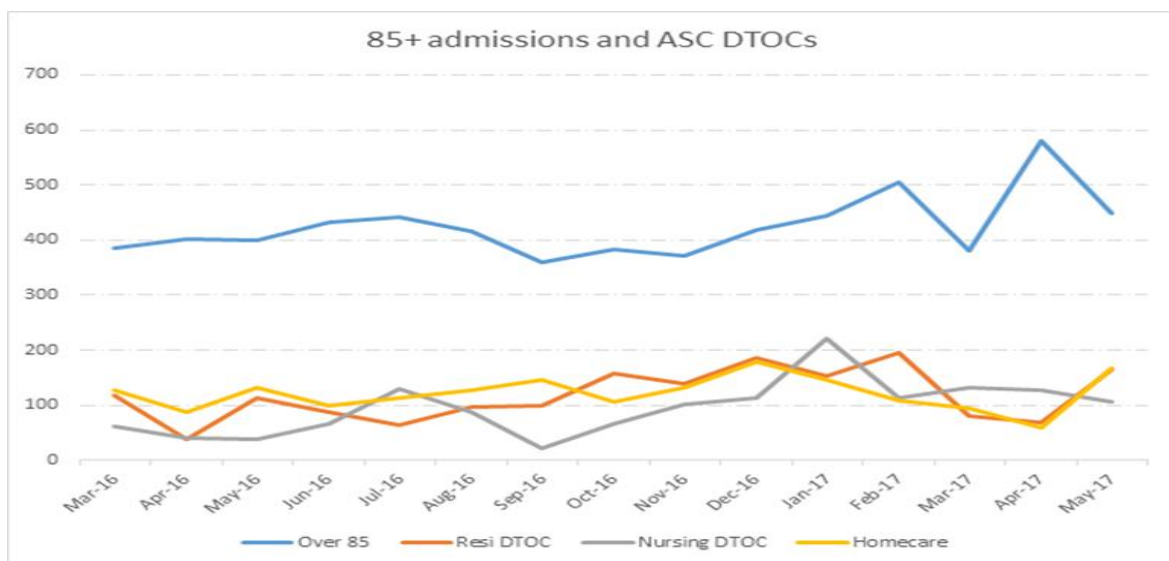


Figure 4: 85+ admissions in Cambridgeshire and numbers of DTOCs in Adult Social Care

2.3 Market Conditions

- 2.3.1 The market conditions within Cambridgeshire are currently extremely challenging especially in relation to access to home care in some parts of the county and specialist nursing dementia care. Through providing social care intervention which prevents the needs for ongoing support and maximising independence, the Reablement Service plays a key role in managing this within the context of increasing demand for support.
- 2.3.2 **Care Homes:** There are challenges relating to the local care home market. The main issues are the lack of affordable capacity in nursing and residential care and specialist dementia care which is resulting in an increase in the average cost of placements. This is coupled with a high proportion of self-funders in Cambridgeshire, at approximately 50% of the whole care home sector which is reducing the Council's bargaining power and inflating prices.
- 2.3.3 **Home Care:** The biggest single challenge and cause of delay to hospital discharge is the availability of Homecare. At any one time, approximately 3500 people are in receipt of Council commissioned Homecare. There are also approximately 260 people awaiting home care packages, of which 45 are not in receipt of care. The main Homecare challenges relate specifically to workforce recruitment and retention issues and increasing needs - such as double up care - for those requiring home based care. As a consequence capacity is not keeping up with demand. The Council recognises both the short and longer - term challenges. These are exacerbated by a particularly high cost of living in the South of the County, coupled with well-paid alternative employment. Whilst the Council is working with the market to reduce these pressures through a new contracting approach, the capacity challenges within the homecare market have had a significant impact on the capacity of the Council's Reablement Service. At present, 26% of the total available capacity within the service is being spent on delivering Homecare rather than Reablement due to challenges associated with sourcing care.

2.4 Strategic Planning

- 2.4.1 This section will provide an overview of strategic plans being implemented in collaboration with health partners which have an impact on the Reablement Service. These plans are informed by the 8 High Impact Change Model, developed by the Department of Health and this is intended to enhance the use of funding through the Sustainability and Transformation Plan as well as the Improved Better Care Fund.
- 2.4.2 The 8 High Impact Change Model, developed by the Department of Health, identifies the key system changes that are understood to have the greatest impact on reducing delayed discharge. Specifically:
- early discharge planning
 - systems to monitor patient flow
 - multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
 - home first/discharge to assess
 - seven-day services
 - trusted assessors

- focus on choice
- enhancing health in care homes

2.4.3 Through the key areas outlined below, the Reablement Service are working in partnership with local health organisations to deliver against early multi-disciplinary discharge teams, home first/discharge to assess, trusted assessment and focus on choice.

2.4.4 **Sustainability and Transformation Plan:** The Council has worked closely with NHS partners, Peterborough City Council and District Councils to address the twin challenges of increasing demand and diminishing resources that we face both within Reablement and across the system. There is a strong recognition by all partners that traditional approaches to demand management and efficiency will not deliver the required change. Therefore, a transformational approach is required that is prepared to radically change services and care pathways to improve outcomes and efficiency. In November 2016, the NHS leadership locally published the Cambridgeshire and Peterborough Sustainability and Transformation Plan setting out its objectives for the next five years. In so doing it recognised the dependency on Local Government and voluntary and community services to deliver its aims. The Reablement Service features heavily within the plan to work towards supporting more people to live at home, safe and effective hospital care, partnership working and developing a high quality and sustainable workforce. A key part of this is an investment of £5.6 million in the expansion of intermediate care. This will include employing 140 intermediate care workers supported by occupational and physio therapists. The new service will involve the establishment of jointly managed NHS and Social Care multi-agency co-ordination hubs with a focus on 'discharge to assess' and the development of an integrated care pathway including the Reablement Service and the Voluntary Sector

2.4.5 **Improved Better Care Fund:** In the 2017 Spring Budget, in recognition of severe pressure in the Adult Social Care System, the government agreed to provide additional funding to Local Authorities to support Adult Social Care. The main contributory factors were increasing delayed transfers of care in hospitals and growing financial pressures in the independent sector. The resulting grant for Cambridgeshire amounted to £8.65 million in 2017/2018. However, this grant is time-limited for 3 years, and diminishes in value in years 2 and 3. This clearly places considerable restrictions on potential use in terms of on-going revenue commitments. Subsequent to the announcement a number of additional caveats- directly relating to NHS flow and delayed transfers of care- have been added as grant requirements. These have been aligned to Better Care Fund requirements and been re-badged as the "Improved Better Care Fund." As such the plans for utilisation are subject to sign off by Cambridgeshire and Peterborough Clinical Commissioning Group. The four requirements are that they must:

- Meet Adult Social Care Needs
- Reduce Pressure on the NHS
- Stabilise the Care Provider Market
- Meet a national requirement to work with the Clinical Commissioning Group to reduce delayed transfers of care to 3.5% of hospital bed base.

- 2.4.6 **Early Intervention and Prevention:** Enabling more people to benefit from Reablement is crucial to Cambridgeshire County Council in providing preventative interventions to prevent and/or delay the need for ongoing support, and for the individual to remain in their own home. The Reablement Service needs to work towards realising capacity to support more preventative interventions, balancing demand between the community and hospital discharge. Currently, the South Team receive 93% of referrals from Addenbrookes, whilst North Team receive approximately 55-60% of their referrals from acute trusts.

3. CURRENT & FUTURE INVESTMENT IN REABLEMENT

3.1 Current Investment

- 3.1.1 Cambridgeshire County Council currently invests £6.049m in the Reablement Service in 2017/18. This level of investment recognises the important role it plays in not only increasing the independence, quality of life and wellbeing of service users, but also ongoing management of increasing demand through reducing delayed transfers of care from hospital and admission avoidance.
- 3.1.2 Within 2017/18, the Reablement Service is also required to deliver a financial savings target of £219,000 through reducing the need for long term, ongoing care following a reablement intervention. The service are currently on track to deliver against this.

3.2 Additional Investment

- 3.2.1 **Investment from the Improved Better Care Fund:** Building on current work and plans to enable older people to stay living at home and in the community successfully through the provision of assistive technology, early help, community equipment and housing related support. Work will be undertaken to increase effectiveness of Reablement in collaboration with partners. As part of this, the service will receive additional funding in 2017/18 through the Improved Better Care Fund, with the specific aim of reducing Delayed Transfers of Care (DTC) from hospital to 3.5%. Funding relating specifically to the Reablement Service has been included within the table below:

Improved Better Care Fund	Additional 2017/18 Funding
Reablement Expansion: Funding to enable the service to significantly increase its current capacity by 20%.	£1 million
Short Term Reablement Flats: This will enable the Council to Commission short term bed based capacity within the community to support pressures in managing hospital discharge. This provision will be managed by the Reablement Service who will deliver outcome focused intervention to support each individual to return home.	£220K
Adult Early Help Reablement Workers: This will enable the service to recruit additional capacity which is able to target individuals discharged from hospital with less complex needs. The worker will then support the individual to access appropriate support provision within their local area, freeing reablement capacity to manage more complex cases.	£30K

3.2.2 **Transformation Funding:** £86,000 was agreed through transformation to complete the Care Act assessment at the end of the reablement intervention where long term needs have been identified. This will support better flow through the reablement service, thereby improving our capacity, and provide a smooth pathway for individuals into long term care teams.

3.2.3 **Sustainability and Transformation Funding:** This funding has been agreed to implement the Discharge To Assess approach to hospital discharge. This model involves a multi-disciplinary approach to discharging patient from hospital to ensure timely discharge and that going home is always the first consideration. This will aim to ensure the patient has the right support at home for the first few weeks following an acute episode in hospital, and the assessment to determine the longer term needs takes place (in the main) in the person's own home. Cambridgeshire County Council has a total of 3 additional social workers funded through the Sustainability and Transformation Plan.

4. KEY TRENDS

4.1 **Long-term residential and nursing admissions:** Over the past 6 years, the number of new admissions to residential and nursing care commissioned by the Council has fallen. Whilst this can be attributed to a number of strategic and policy initiatives, the successful implementation of the reablement service will have made a positive contribution to the reduction. The 2016-17 population figure has not yet been verified nationally so the 2015-16 figure is used in the graph below.

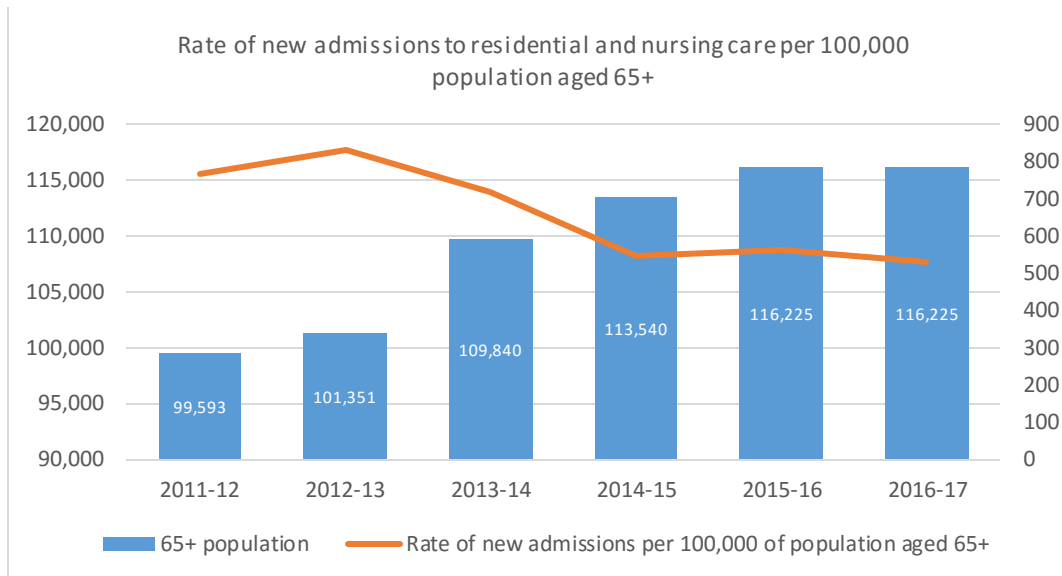


Figure 5: Rate of new admissions to residential and nursing care per 100,000 population aged 65+

Financial year	No. new residential and nursing admissions within the year	65+ population	Rate of new admissions per 100,000 of population aged 65+
2011-12	764	99,593	767.1
2012-13	843	101,351	831.8
2013-14	792	109,840	721.0
2014-15	621	113,540	546.9
2015-16	652	116,225	561.0
2016-17	618	116,225	531.7

- 4.2 **Contacts Received:** The majority of contacts received by the service originate from hospital workers – Addenbrookes in the south of the county and Peterborough and Hinchingsbrooke in the north. Analysis of the volume of contacts received each month shows a marked increase in the volume of hospital contacts received by the reablement teams in 2017. Across the whole of the reporting period, hospital contacts have increased by about 30%, a reflection of the increasing pressure hospital systems are under. Community contacts are primarily friends, family and self-referrals.

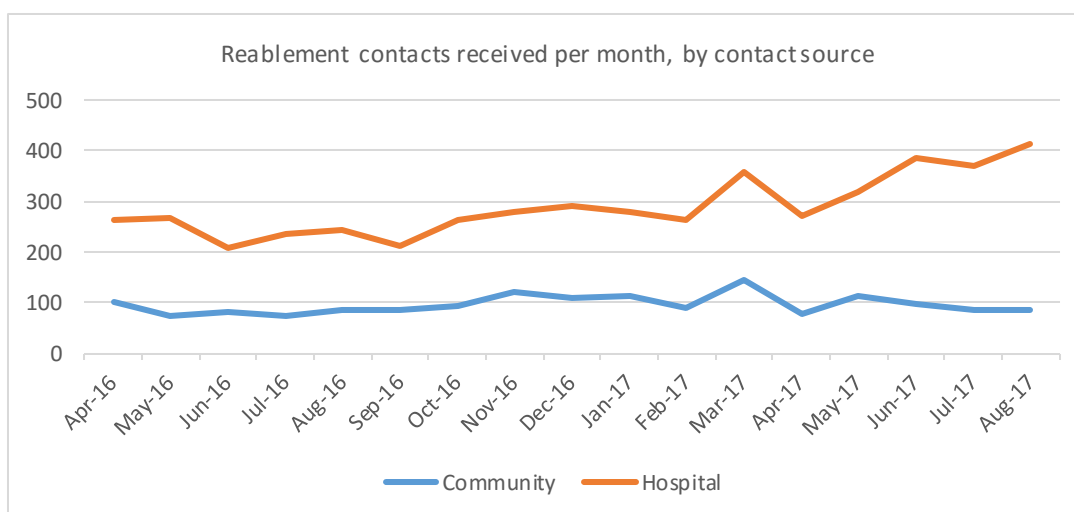


Figure 6: Reablement contacts received per month by contact source

4.3 **Delayed Transfers of Care (DTOC):** The Cambridgeshire health and social care system is under significant pressure, as reflected in the volume of ‘delayed transfers of care’ reported each month. As demonstrated by the increases in contacts received by the reablement service, the service is a key part of the Council’s strategy to minimise the number of delays.

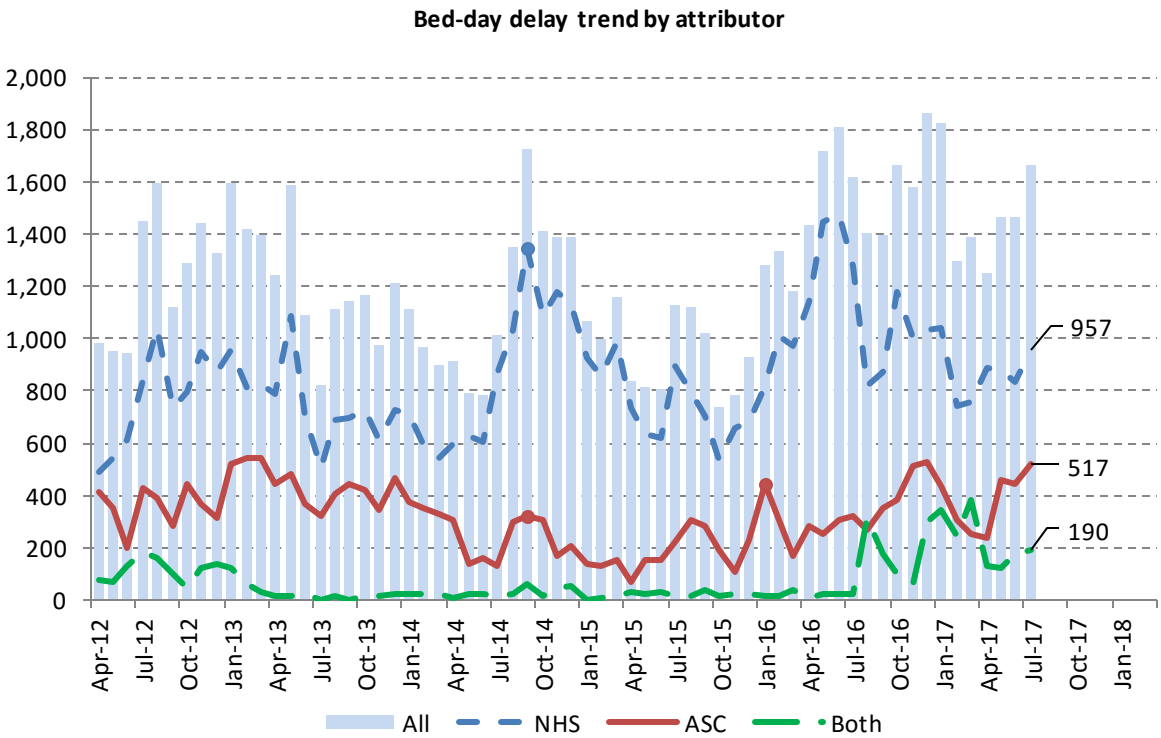


Figure 7: Bed day delay trends by attributor

4.4 **Completed Reablement Packages:** The number of completed packages per year remains around the 3,000 mark annually. The service’s ability to deliver more is hindered by recruitment challenges and workforce shortages in the homecare market.

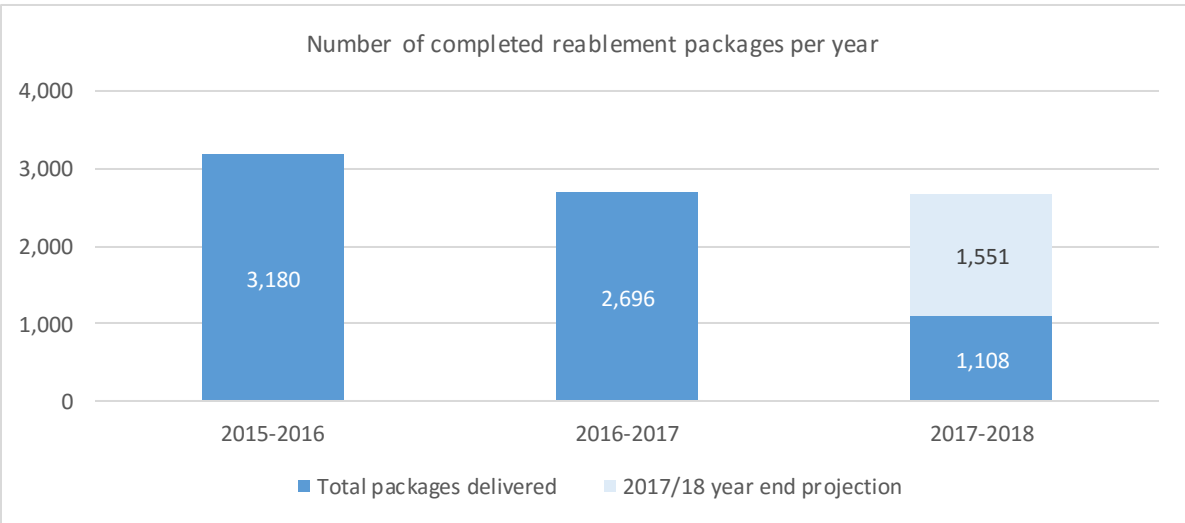


Figure 8: Number of completed reablement packages per year

4.5 **Mainstream Care:** The volume of Mainstream Care delivered by the reablement service remains significant and has a considerable impact on the service’s capacity to deliver its core functions.

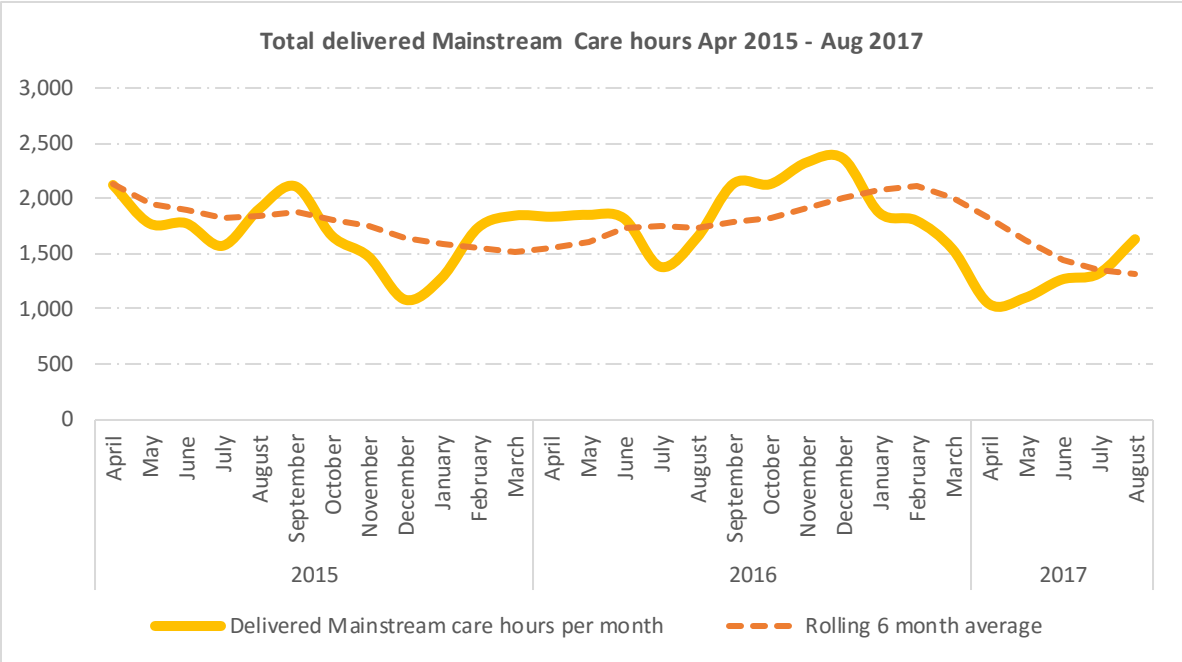


Figure 9: Total delivered mainstream care hours between April 2015 and August 2017

4.6 **Service User Age Profile:** The majority of reablement service users are aged between 75 and 94, with users aged between 85 and 94 being most common. Support is also given to a smaller cohort of users aged 18-64, with the majority of those users aged in their 50’s.

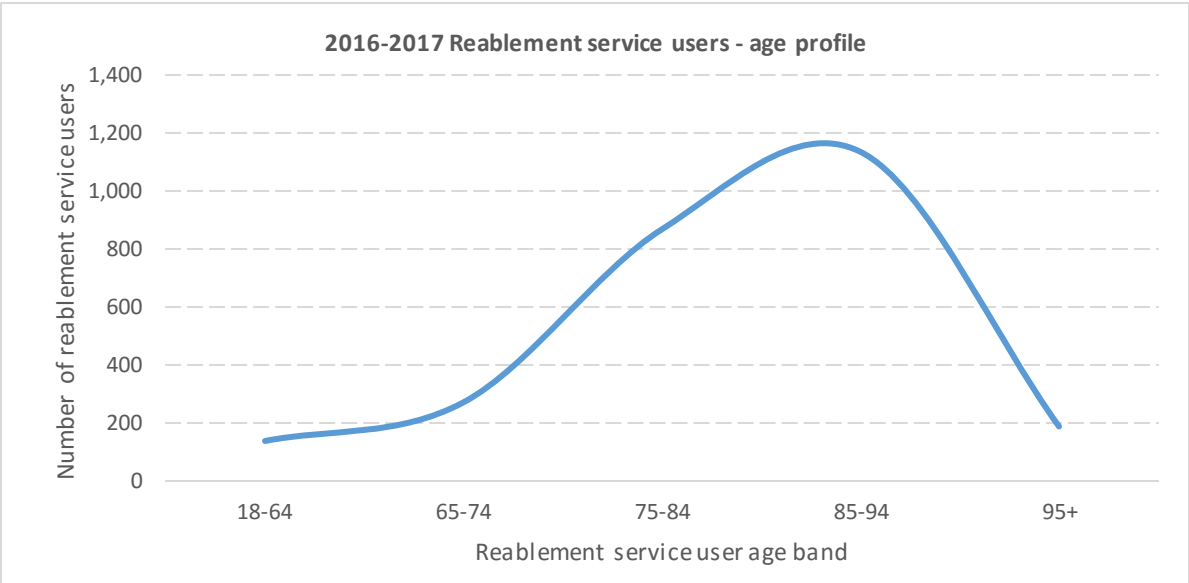


Figure 10: Age Profile of Reablement Service Users 2016-17

5. KEY CHALLENGES

5.1 As demonstrated above, the Reablement Service is currently achieving a significant impact in the context of increasing demand and recruitment and retention pressures. A number of key challenges experienced by the reablement service have been summarised below, alongside actions being taken to mitigate the impact to the service performance, activity and outcomes achieved to date.

5.2 **Homecare Capacity:** As outlined above in paragraph 2.3.3, lack of homecare capacity across the county is the largest challenge the Reablement Service have to manage. Challenges within the local market impact on the capacity on the Reablement Service which is currently delivering a significant number of homecare hours to support increasing pressures relating to hospital discharge, or on discharge from the reablement service where ongoing care is required but cannot be sourced. The Council is seeking to meet the challenge by increasing the range of providers it currently commissions, focussing its delivery model on outcomes.

The Council is also embarking on a development programme that includes new models of care including the establishment of community based solutions linked to the Dutch Buurtzorg model as captured in the Neighbourhood Cares Pilots. In addition the Council has plans in place to establish a single brokerage service for all Home Care services by November 2017 on behalf of the NHS and the Council. In addition the Council is engaged with NHS partners to establish a programme to meet the short and medium term recruitment and retention challenges we face. Examples of the work being looked at include the establishment of integrated care roles, apprenticeships and the use of new media to expand the potential candidate base.

5.3 **Workforce Pressures:** In line with pressures felt across the market, recruitment and retention remains a key challenge for the Reablement Service. This pressure is exacerbated by the increasing levels of demand for services, existing vacancy levels and the need to expand the service by 20% using additional funding through the Improved Better Care Fund. In addressing this challenge, the Service has collaborated with Human Resources and Transformation to review existing recruitment processes, approaches and advertising campaigns with the aim of increasing staffing levels. At the same time the Reablement Service is also consistently reviewing internal processes and ways of working to ensure the service is as efficient as it can be in maximising all available capacity. This has resulted in the implementation of 'InTouch' – an electronic scheduling system to support use of available capacity within the Reablement Service. Whilst this system is currently in the process of being rolled out across the entire service, it has already had a significant impact on service efficiency as staff need to travel less and receive real-time updates to their schedule.

5.4 **Balancing Admissions Avoidance and Delayed Transfer of Care Targets:** As evidenced above, the Reablement Service currently support the management of acute hospital pressures, particularly in managing Delayed Transfers of Care. Whilst the service is aiming to increase early intervention to avoid admissions within the community, a large proportion of the service is currently focused on managing referrals on discharge from hospital.

Recognising the benefits of early intervention to avoid admission to hospital and reducing the need for long term care, the Reablement Service is working to address the balance between hospital and community referrals through increasing referrals to the Enhanced Response Service. This service is able to provide low level support for individuals who have fallen and alerted the service through their Lifeline alarm. Wherever possible the service will avoid an ambulance call out or hospital admission and take a preventative approach to avoiding further falls wherever possible. The service will also aim to work with the new Homecare contract to reduce the number of mainstream homecare hours delivered following an episode of reablement. This will release capacity within the Reablement Service to manage referrals from the community.

- 5.5 **Quality and Care Quality Commission Standards:** The Reablement Service is regulated by the Care Quality Commission (CQC). CQC introduced new, tougher inspection and quality assurance standards in 2015. There is a requirement for the Council to demonstrate that the service is well led, delivers a high quality experience to people who use it, and achieves their agreed outcomes. To ensure ongoing compliance with CQC regulations, the Reablement service conducts regular self-assessments. This has resulted in significant improvements being made to:
- Workflow processes to ensure they are clear, robust and able to manage demand efficiently.
 - Promotion of timely and appropriate responses
 - Roles and responsibilities across management and workforce to ensure clarity relating to roles and responsibilities, with clear lines of accountability and responsibility put in place.
 - Promoting an ethos of continuous improvement to quality standards in consistently achieving high quality outcomes for service users
 - Increased capacity to strengthen daily operational oversight and strategic leadership.

6. **ALIGNMENT WITH CORPORATE PRIORITIES**

- 6.1 Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities

6.2 **Developing the local economy for the benefit of all**

- 6.2.1 The following bullet points set out details of implications identified by officers:
- Adult Social Care and the NHS are major sources of local employment in Cambridgeshire. The planned expansion of community services will create additional employment opportunities.

6.3 **Helping people live healthy and independent lives**

- 6.3.1 The following bullet points set out details of implications identified by officers:
- There is a strong evidence base to suggest that an expansion of the reablement service to enable an increase in both targeted early intervention in

the community and support on hospital discharge will enhance health, wellbeing and independence.

6.4 Supporting and protecting vulnerable people

6.4.1 The report above sets out the implications for this priority in paragraph section 1.

7. SIGNIFICANT IMPLICATIONS

Report authors should evaluate any further significant implications using the seven sub-headings below. These significant implications should also be evaluated using the questions detailed in the table below. Each specific implication must be signed off by the relevant Team within the Council before the report is submitted to Democratic Services.

Further guidance and a checklist containing prompt questions are included at Appendix 2

7.1 Resource Implications

The report above sets out details of significant implications in paragraph 2.4 and 3

7.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category

7.3 Statutory, Legal and Risk Implications

The following bullet points set out details of implications identified by officers:

- There is both a financial and reputational risk if sufficient progress is not made against the new 3.5% delayed discharge target outlined within the Improved Better Care Funding

7.4 Equality and Diversity Implications

There are no significant implications within this category

7.5 Engagement and Communications Implications

The following bullet points set out details of implications identified by officers:

- Delivery of the progress required by the Department Health will need very close engagement and co-ordination of activities with NHS partners, voluntary organisations and other public and independent bodies.

7.6 Localism and Local Member Involvement

There are no significant implications within this category

7.7 Public Health Implications

The report above sets out details of significant implications in section 1

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes or No Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?	Yes or No Name of Financial Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	N/A
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer:

Source Documents	Location
Key Trends Graphs	Patrick Kilkenny. 2nd Floor, octagon, Shire Hall, Cambridge \\ccc.cambridgeshire.gov.uk\data\CYPS Datastore\Adult Social Care\Older People & Mental Health\DTOC

Appendix 1 - Case Study Reablement North Cambridgeshire

Mrs A started with Reablement on 9th August 2017, following discharge from Hospital. She was admitted to hospital following a fall at home. She was identified by the Occupational Therapist in hospital that she would be suitable to go home with Reablement intervention requiring support with washing/dressing and meal preparation. Mrs A and her family were very anxious about her return home and would have preferred her to go to another setting as they felt she would not progress very well at home. Mrs A's recent medication change has made her drowsy and has impacted on her mobility and further heightened her anxiety. She was discharged home with 3 calls a day starting with her evening call on 9th August 2017. A Senior Support Worker visited Mrs A on the 10th August to complete the Reablement assessment. We identified that she would benefit from a walking frame with a caddy so that she can transfer drinks through to her lounge. We referred to the OT therapy team for a mobility assessment. Mrs A's main goal was to become independent with showering.

Mrs A's confidence was really low, she had a fall on 13th August so we rang the therapy team to ask to bring forward her mobility review, and she was issued with a frame and a caddy. Mrs A's confidence grew and we gradually reduced the care package from 3 visits to 1. She was managing to independently shower so we set a discharge date of 13th September. Mrs A had another fall on 13th September and went to A and E where she was later discharged. We decided to carry on visiting Mrs A until her confidence could grow again with her showering needs. She was discharged as independent from the service on 29th September. She was referred to our Assistive Technology Team to install a tele-healthcare alarm system to prevent further admissions where possible due to falls.

This is a really successful case and highlights that with time confidence can be rebuilt, Mrs A was really anxious about returning home following her falls and for her to be independent and living in her own home is a huge success.

Appendix 2: Transforming Lives Approach

