Health and Adult Social Care Scrutiny Panel

DATE	**29th July 2026**
REPORT OF	**Katie Brown – Director of Adult Social Care**
SUBJECT	**Reablement Review Update**
STATUS	**Open**

CONTRIBUTION TO OUR AIMS

The council has two strategic priorities – Stronger Economy and Stronger Communities. The delivery of adult social care is a key to delivering the strategic objective of strong communities.

EXECUTIVE SUMMARY

Following a period of underperformance in our reablement national indicators (despite knowing the services achieved good outcomes for local people), a decision was taken to comprehensively review reablement services and the performance oversight model.

The purpose of the reablement review was to develop a clear understanding of current service performance, to highlight opportunities for improvement and deliver an improvement journey to maximise reablement provision and outcomes for Individuals.

This report provides an overview of the reablement review, outlining the methodology, key findings and resulting impacts/ outcomes.

MATTERS FOR CONSIDERATION

The Health and Care Scrutiny panel are asked to note the detail of the reablement review and outcomes achieved, seek any clarity required and determine Scrutiny oversight moving forward.

1. BACKGROUND AND ISSUES

1.1 Definitions

Reablement is a short-term support service designed to help individuals regain, maintain, or improve their ability to carry out everyday activities independently. To be eligible, an individual must be referred by a health or social care practitioner, have identified reablement goals and be willing and able to engage in a reablement programme. The aim is to maximise independence and reduce the need for ongoing support wherever possible.

- Home based reablement is reablement delivered by highly skilled care and therapy staff in an individual's own home. The service in North East

Lincolnshire is the Reablement at Home (R@H) service and is delivered by Care Plus Group.

- Bed Based reablement is reablement delivered by highly skilled care, nursing and therapy staff in a 24-hour care setting. The service in North East Lincolnshire is the Community Inpatient Unit (CIU), based at Peterhouse Road, Grimsby and is delivered by Care Plus Group.

1.2 Position as of April 2024

- Due to issues with performance reporting, we were showing under performance in reablement national indicators compared to our comparators
- Outdated service specifications in place for R@H and CIU.
- Good reablement provision and outcomes for those who received R@H and CIU reablement provision, however a limited number of people received reablement compared to the number of people entering longer term support.
- Agreement reached to undertake the reablement review to gain a clear understanding of current service performance highlighting opportunities for improvement and delivering an improvement journey to maximise reablement provision and the resulting outcomes for individuals.

1.3 The reablement review approach

To make the reablement review manageable, it was split into two, the first being a review of home based reablement (R@H) which commenced in April 2024 and concluded in March 2025 and the bed based reablement review (CIU) which commenced straight afterwards in April 2025 and concluded in April 2026. The following process was used for both the home (R@H) and bed based (CIU) reviews:

<u>Project Initiation</u>

- Established a decision-making Steering Group to monitor and oversee review progress monthly.
- Identified an operational project group to deliver the review – operating weekly.
- Agreed the scope and timescales of the review
- Agreed the review methodology

<u>Review Methodology</u>

- The methodology used was an adapted version of the Association of Directors of Social Services (ADASS)/ Newton Europe's 'Accelerate Programme' transformation approach, depicted in diagram one below.

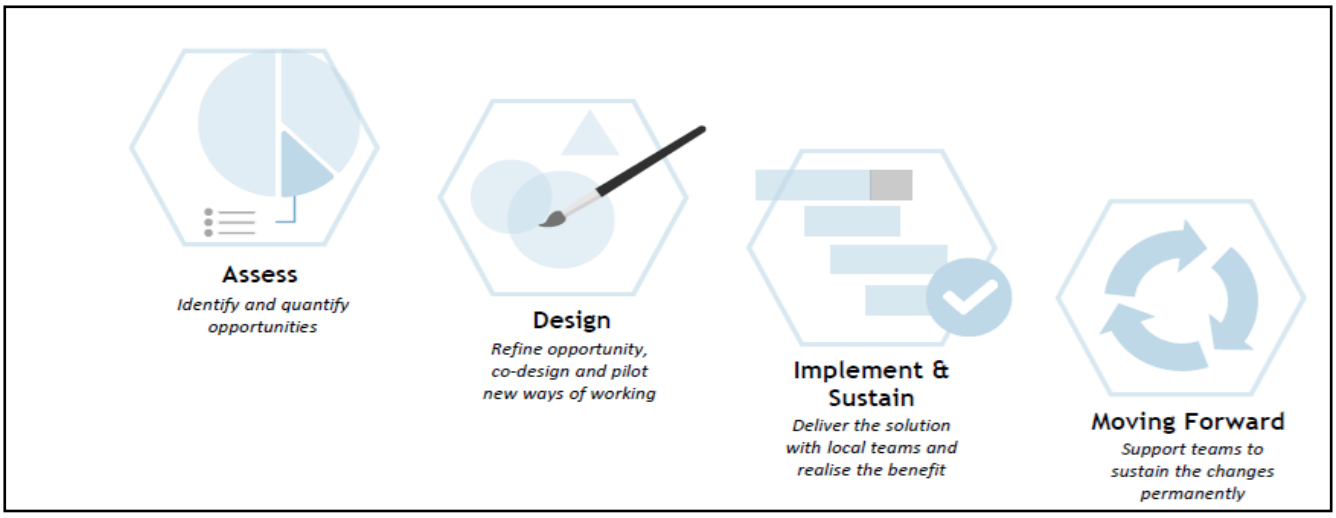


Diagram One: ADASS

- In both elements of the review a significant amount of time was allocated at the beginning to understand the current position (the 'Assess' phase) the approach included:
  - Case reviews
  - Case studies
  - Stakeholder (staff, user, informal carer, family member, professional) feedback
  - Shadowing
  - Time and motion studies
- The intelligence gained informed the priorities for improvement and directed the new ways of working to be trialled/ implemented (the 'Design' journey) for each element of the reablement review.
- Continual review of the service and improvement journey led to the full roll out of the new ways of working (the 'Implement and sustain' phase).
- Finally, the new ways of working were embedded into business as usual, with service specifications and Key Performance Indicators (KPIs) developed and agreed for R@H and the CIU service (the 'Moving Forward' phase).

1.4 Key Findings – What was working well

The 'Assess' phase findings showed the following areas of good practice:

<u>Reablement at Home (R@H)</u>

- Well established highly skilled team with effective leadership in place.
- Where the service was well known, it had a good reputation.
- Multidisciplinary working across care, therapy and business support.
- When individuals received R@H they had regular input, reviews and achieved good outcomes.
- Length of service duration fit within national benchmarks.
- A significant number of Individuals went on to have no services following a period of R@H.

- Service reviewed well by Individuals.

Community Inpatient Unit (CIU)

- Fully renovated building during 2020 with 44 bedrooms with ensuite facilities across all rooms.
- Two specially adapted bedrooms for those who are plus sized.
- Multidisciplinary working across care, therapy, nursing and business support staff.
- When individuals received CIU they had regular input, reviews and achieved good outcomes.
- Service reviewed well by Individuals.

1.5 Key findings – areas to be addressed

The 'Assess' phase findings showed the following areas to be addressed as part of the 'design' and 'Implement and Sustain' phases of the review:

Shared areas to be addressed across R@H and CIU

- Not all individuals with identified reablement goals were referred to the service in a timely or consistent manner.
- Inappropriate referrals, resulting in avoidable delays and inefficiencies.
- Referral information was at times incomplete, inaccurate, or lacked the detail required to support effective decision-making.
- Evidence of over-prescribing and risk-averse referral practices was identified, leading to higher levels of support being referred.
- Individuals and their families did not always have a clear understanding of the purpose, scope, and expected outcomes of the service.
- Opportunities exist to improve the efficiency and coordination of care and therapy delivery.
- Triage and service acceptance processes were not always applied consistently, impacting timely access to support.
- Informal carers were not consistently identified, engaged, or supported as part of the individual's reablement journey.
- Delays were experienced in ending service provision following the achievement of reablement goals, often due to inefficiencies in discharge planning, family expectations, individual preferences, or delays in onward care arrangements.
- There were instances where professional-to-professional communication could have been timelier and more effective.
- Some evidence of inconsistent documentation and record-keeping practices was identified.

Service specific areas to be addressed at R@H

- Individuals were not always offered or connected to community services alongside

R@H, such as assistive technology, VCSE support, and carers' services, limiting opportunities to maximise independence and wellbeing.

- Scheduling processes were not always optimised, resulting in inefficiencies in workforce deployment, and service responsiveness.

Service specific areas to be addressed at CIU

- Not all individuals with identified reablement goals accessed the service, with several eligible referrals being declined or not progressed.
- Formal multidisciplinary team (MDT) meetings were not consistently in place, and documentation of MDT decision-making lacked robustness.
- Limited engagement and support from external specialist services, including Navigo and Primary Care, impacted the effectiveness of multidisciplinary working.
- Reablement plans and associated system records were completed inconsistently, reducing the quality and continuity of information available to practitioners.
- A number of individuals experienced unplanned returns to hospital shortly after admission to the service, often reflecting that they had been discharged whilst still clinically unstable.
- Estimated discharge dates were not routinely established within 24 hours of admission, limiting proactive discharge planning and review.
- High levels of staff sickness absence and low morale created additional pressures on service delivery, workforce resilience, and performance.

1.6 What changed

The following improvements were implemented:

Shared improvements across R@H and CIU

- Rebranded the R@H and CIU services, supported by revised service literature to improve understanding and visibility.
- Developed and implemented revised admission criteria to ensure individuals are directed to the most appropriate service.
- Delivered awareness-raising sessions and training for referrers to improve understanding of service eligibility and referral appropriateness.
- Introduced multidisciplinary team (MDT) decision-making for all referrals to support consistent and robust admission decisions.
- Redesigned referral documentation to improve the quality and completeness of referral information.
- Embedded identification of informal carers within the admission process to ensure carers' and their needs are recognised from the outset.
- Reviewed and revised staffing models and rota arrangements to maximise available workforce capacity.
- Incorporated "Get Up, Get Dressed, Get Moving" principles into periods of staff downtime to promote independence and optimise outcomes.

- Upskilled the workforce in reduced care handling approaches, supporting a strength-based and enabling model of care.
- Introduced processes to ensure every individual has an expected discharge date established at the point of admission.
- Strengthened discharge planning arrangements to support coordinated, timely, and well-managed discharges.
- Implemented Carer's Needs Assessments to better identify and respond to the needs of informal carers.
- Developed a VCSE services directory/crib sheet to support staff in identifying community-based options that facilitate discharge and promote ongoing independence.
- Developed a service specification and performance dashboard to provide greater clarity, accountability and performance oversight.
- Implemented a "no choice to remain in service" approach, ensuring discharge occurs once agreed goals and outcomes have been achieved.

Service specific improvements at R@H

- New referral acceptance and scheduling processes have been developed, with scheduling best practice embedded across the service.
- A process has been established to monitor capacity shortfalls and ensure individuals are brought into the service at the earliest opportunity.

Service specific improvements at CIU

- Dedicated capacity has been secured to ensure timely triage of all referrals.
- A clear and robust triage protocol has been developed and implemented.
- Established dedicated staffing arrangements to provide triage cover 8:00am-8:00pm.
- A revised reablement plan template has been developed and launched to support consistent practice.
- Daily multidisciplinary team (MDT) huddles are now in place, alongside three formal MDT meetings each week.
- The involvement of specialist teams within MDT discussions has been fully embedded.
- A process has been established to monitor individuals who return to hospital, with escalation to NLaG where required.
- Staffing capacity and clinical oversight have been strengthened, supported by the implementation of new ways of working designed to meet the increasing complexity and acuity of individuals accessing the CIU.
- Introduced new digital options for providing user experience and feedback.
- Introduced a weekly patient forum, which provides a structured opportunity for Individuals and their relatives to raise concerns, share positive experiences, and contribute suggestions about their care and overall stay.

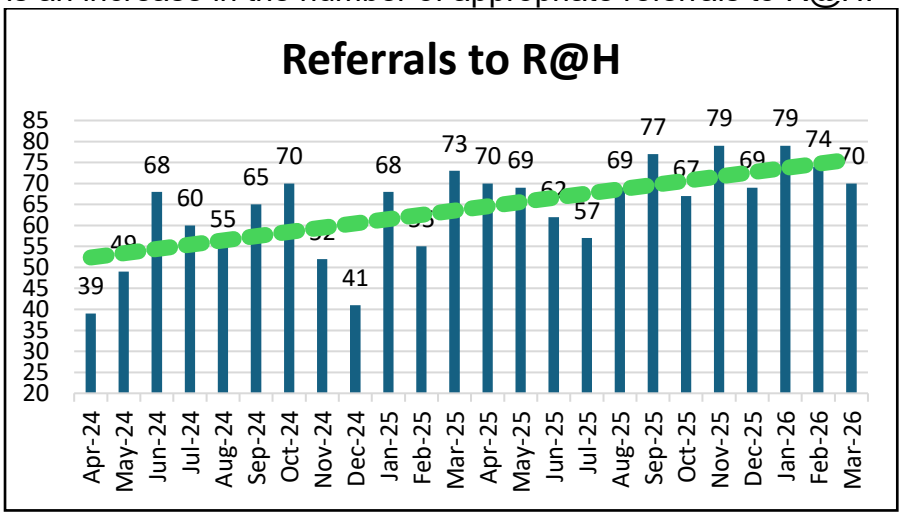
1.7 Impact and Outcome

The changes described above have driven significant service improvements in both

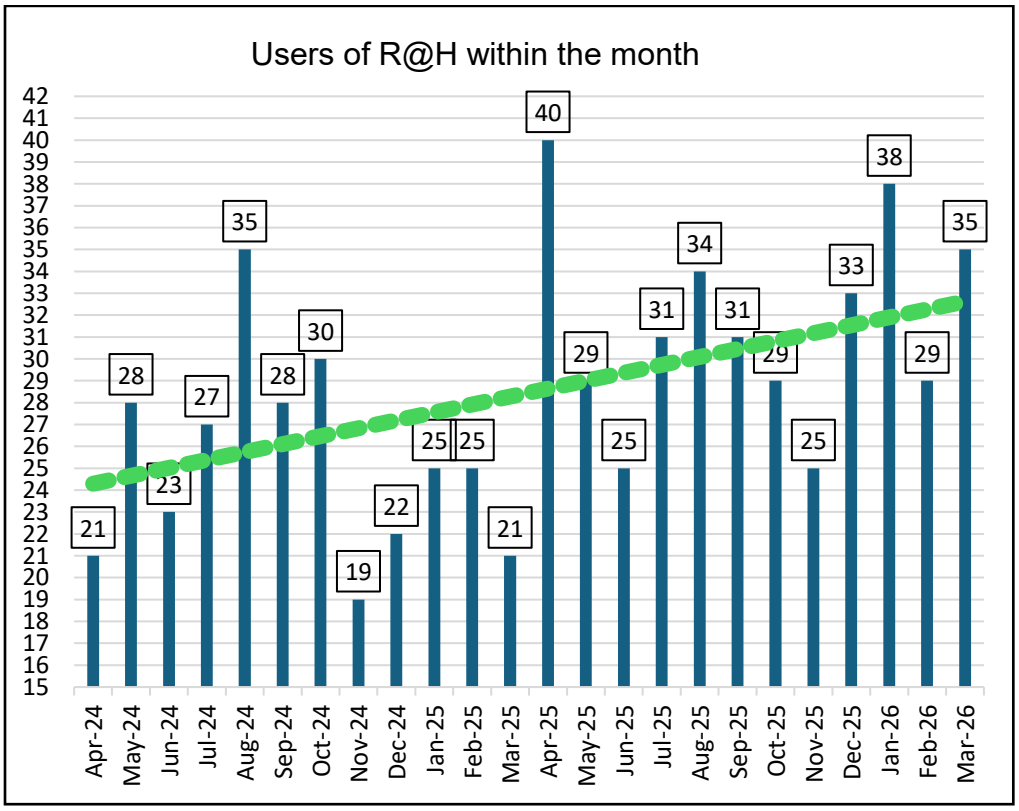
R@H and CIU. The following narrative and graphs depict the improved performance:

R@H

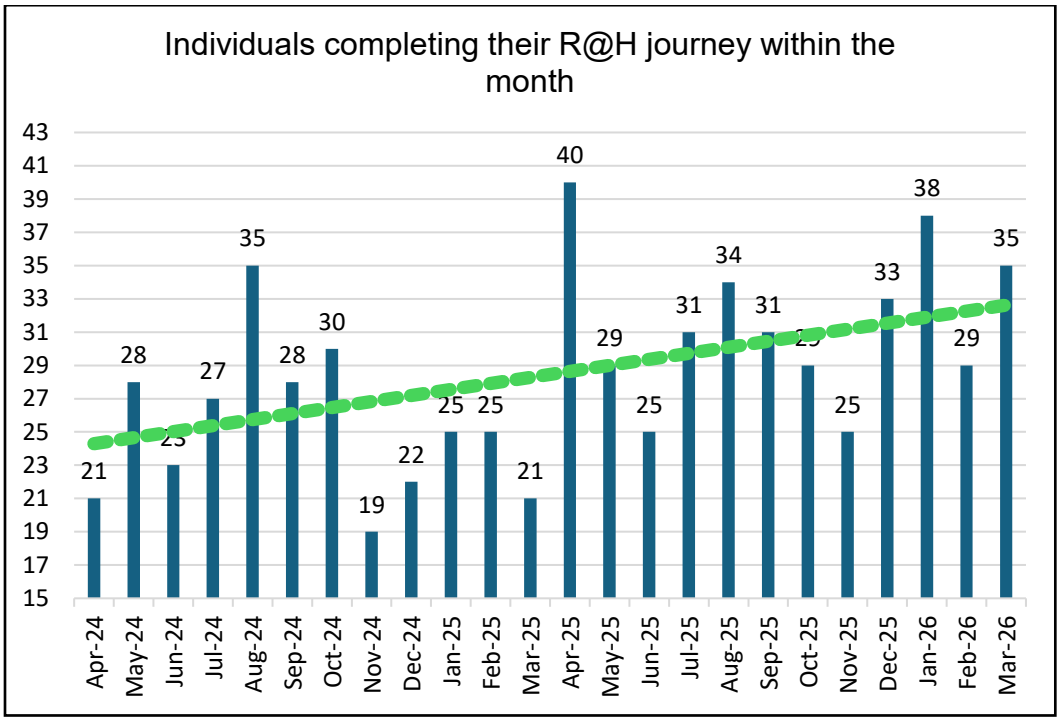
- ✓ There is an increase in the number of appropriate referrals to R@H:



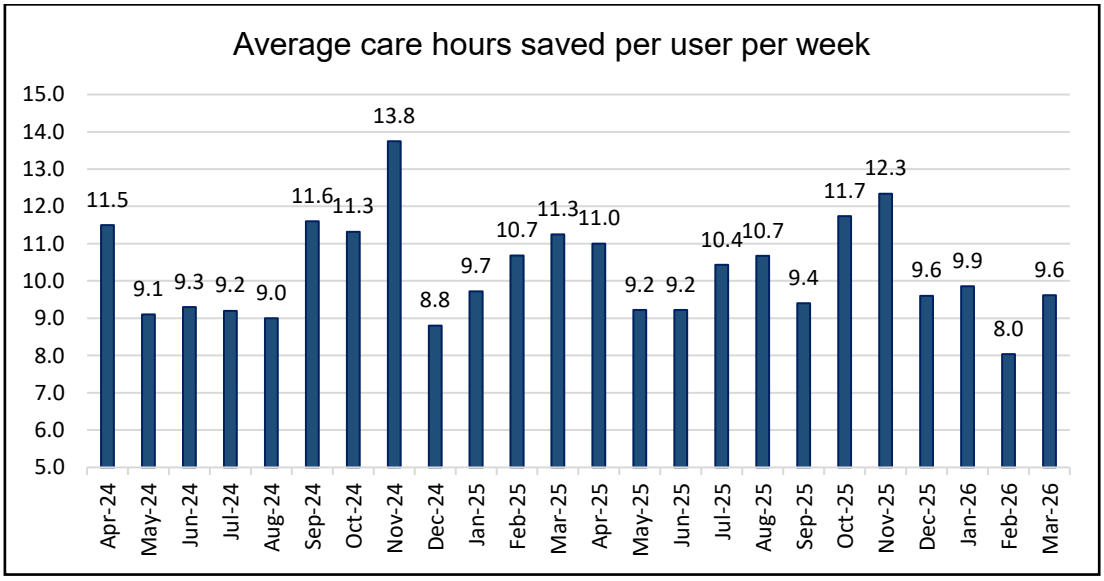
- ✓ There is an increase in the number of Individuals support by R@H each month:



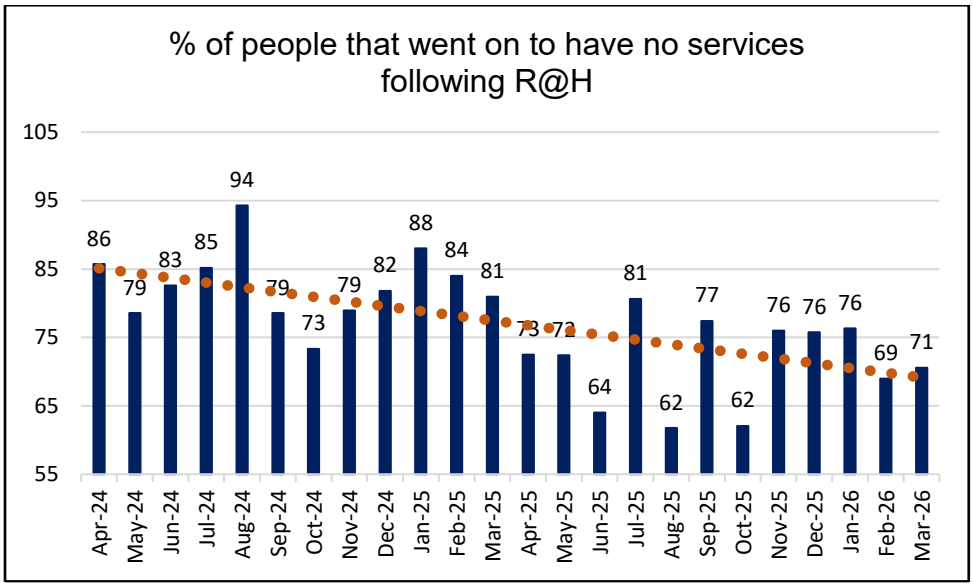
- ✓ A greater number of Individuals are successfully completing their reablement journey each month:



✓ On average there are 10.3 care hours per person per week saved from the start of R@H to the point of discharge.



✓ While the percentage of people who have gone on to have no services has decreased, this is not reflective of poorer user outcomes, it is because the complexity of those now supported in R@H has increased, as more Individuals are supported at home rather than bed-based care.



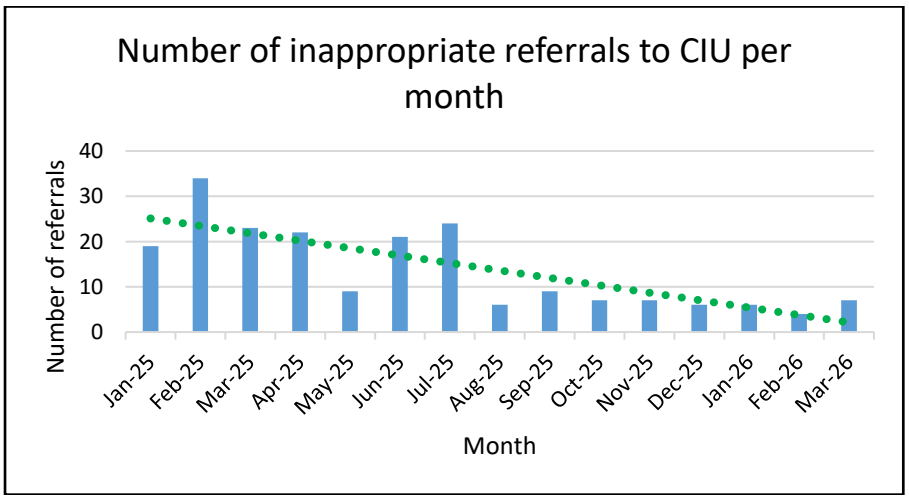
- ✓ User feedback increased significantly, from 2 responses in Q4 2023/24 to 25 in Q4 2025/26. Of the feedback received in Q4 2025/26, 96% rated the service as "very good" and 4% as "good".

- ✓ Length of stay fluctuates depending on the complexities of those being supported. However, looking at the average length of stay, there is an improvement

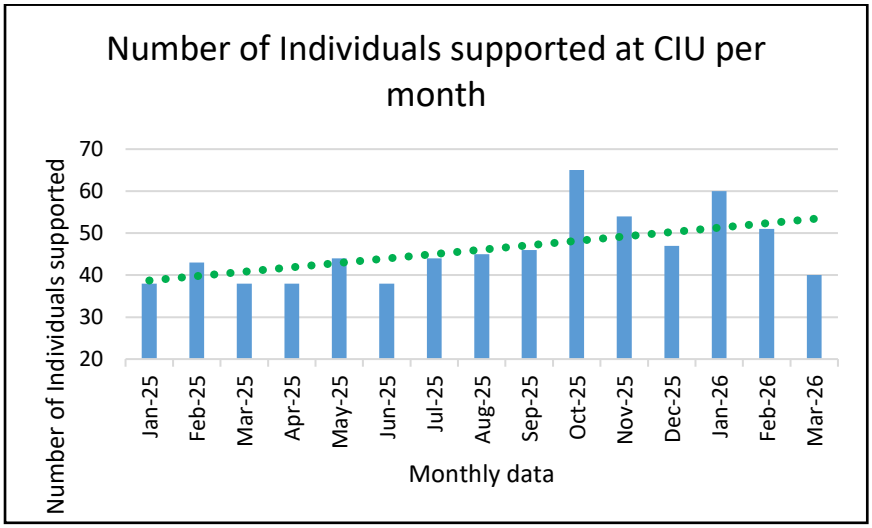
Year	Average length of stay
2023/2024 (The year before the home based reablement review started)	17.2 days
2024/2025 (the year of the reablement review)	16.4 days
2025/2026(The year of business as usual)	16.8 days
2026/2027 (so far this year)	15.4 days

CIU

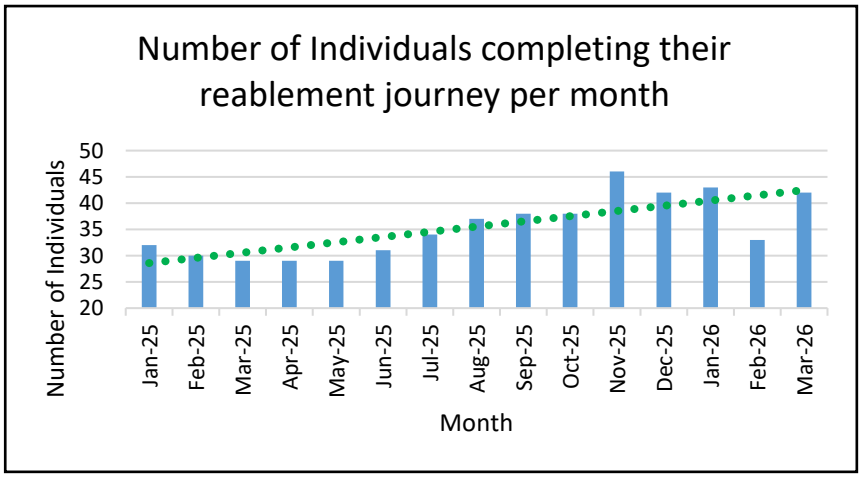
- ✓ There is a significant decrease in the number of inappropriate referrals to CIU:



✓ There is an overall increase in the number of Individuals supported by CIU each month:



✓ There is a greater number of Individuals successfully completing their reablement journey each month.

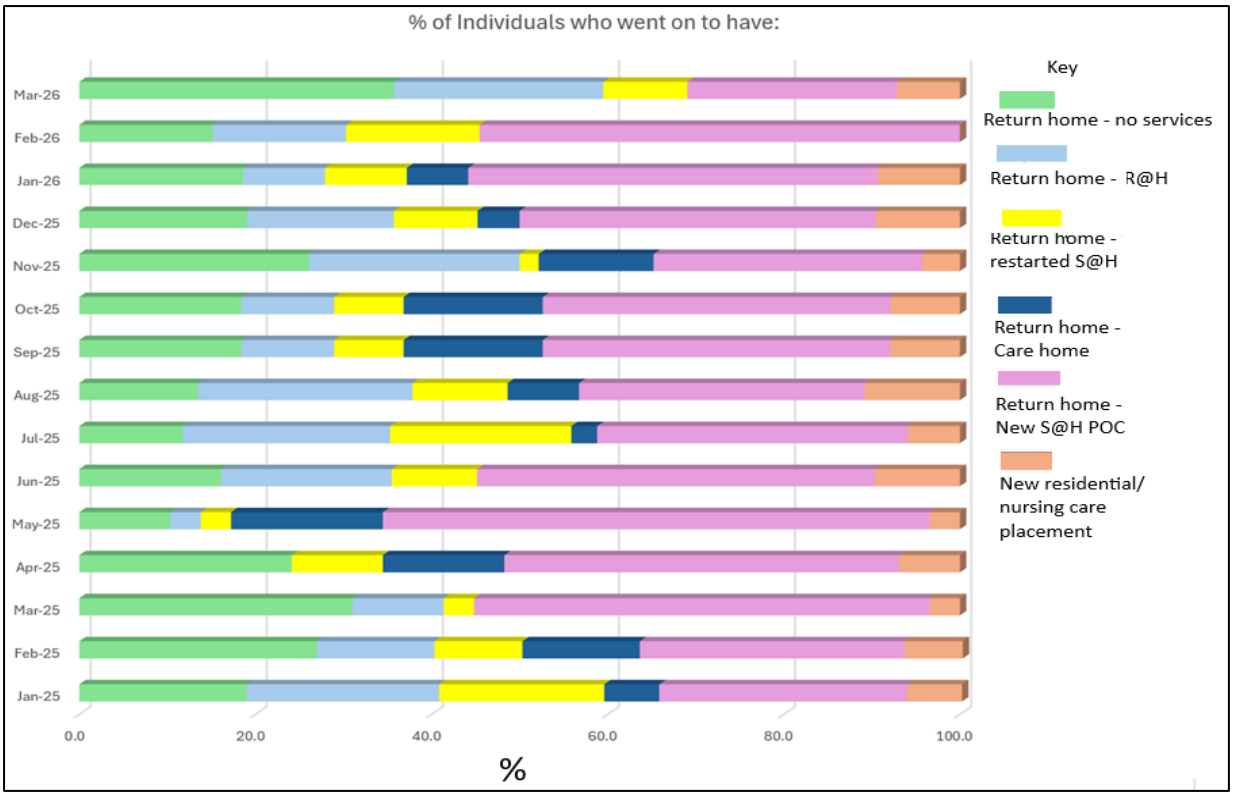


✓ Outcomes are remaining good for those completing their journey despite cases now being a greater level of complexity (shift to supporting those with less complex reablement programmes to R@H).

	The table shows the discharge position for individuals who completed their reablement journey (%)					
Month	Individuals who went home with no on-going support	Individuals who continued their reablement journey with R@H	Individuals had their Support at Home package of care restarted	Individual returned to their care home placement	Individuals received a new or increased Support at Home package of care	Individuals went into a short stay residential/ nursing placement
Jan-25	19.0	21.9	18.8	6.3	28.1	6.3
Feb-25	27.0	13.3	10.0	13.3	30.0	6.7
Mar-25	31.0	10.3	3.4	0.0	51.7	3.4
Apr-25	24.1	0.0	10.3	13.8	44.8	6.9
May-25	10.3	3.4	3.4	17.2	62.1	3.4

Jun-25	16.1	19.4	9.7	0.0	45.2	9.7
Jul-25	11.8	23.5	20.6	2.9	35.3	5.9
Aug-25	13.5	24.3	10.8	8.1	32.4	10.8
Sep-25	18.4	10.5	7.9	15.8	39.5	7.9
Oct-25	18.4	10.5	7.9	15.8	39.5	7.9
Nov-25	26.1	23.9	2.2	13.0	30.4	4.3
Dec-25	19.0	16.7	9.5	4.8	40.5	9.5
Jan-26	18.6	9.3	9.3	7.0	46.5	9.3
Feb-26	15.2	15.2	15.2	0.0	54.5	0.0
Mar-26	35.7	23.8	9.5	0.0	23.8	7.1

The graph below shows the tabled data above visually.



✓ Length of stay fluctuates depending on the complexities of those who are being supported through the service. However, looking at the average length of stay for those in CIU, there is a significant improvement.

Year	Average length of stay
2024/2025 (the year before the bed based reablement review)	36.4 days
2025/2026 (The year of the reablement review)	32.2 days
2026/2027 (so far this year – business as usual)	23.71 days

✓ Sickness absence within the CIU has reduced significantly, falling from 9.4% in July 2025 to 5.56% in April 2026. This improvement reflects the development of a more positive and supportive organisational culture, underpinned by increased leadership visibility, improved staff morale, and a clearer, more consistent approach to the management of sickness absence. Earlier intervention and enhanced support for

staff experiencing health and wellbeing concerns have also contributed to this reduction. In addition, staff retention rates have improved over the past 12 months, alongside continued strong interest in vacant posts.

✓ There has been a significant increase (doubling) in the user feedback response rate following the option for digital feedback. User experience has also improved as can be seen from the graphs below:

Conclusion

As evidenced by the improvements outlined above and the data presented within the Impact and Outcomes section, both the R@H and CIU reablement services have undergone significant transformation and improvement. These developments are enabling a greater number of individuals to access reablement support, reducing the overall need for on-going support, and delivering positive outcomes that promote independence, recovery, and wellbeing. Collectively, these improvements demonstrate the effectiveness of the service redesign and provide a strong foundation for continued improvement and sustainable system-wide benefits.

Next Steps

→ **Continue to refine and embed the new model of care and ways of working**, ensuring consistency of practice across the service, while supporting staff to fully adopt and sustain improvements.

→ **Maintain robust monthly performance monitoring and contractual oversight**, using agreed KPIs to track delivery and outcomes, identify risks, and drive continuous improvement.

→ **Deliver the next phase of the transformation programme**, focusing on hospital discharge and onward care pathways, to improve patient flow, experience and outcomes.

2. RISKS AND OPPORTUNITIES

The reablement review programme has optimised the use of available resources, resulting in a greater proportion of individuals achieving their identified goals and outcomes. However, a potential risk remains that increased identification of individuals with reablement needs may place additional pressure on service capacity. This could lead to the development of waiting lists if demand exceeds available provision, potentially impacting the timeliness of support delivery.

3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

Due to the report leading to improved service delivery and user outcomes, the only reputational and communication implications are positive.

4. FINANCIAL CONSIDERATIONS

While R@H and CIU reablement services form part of a block contract arrangement that remained unchanged following the reablement review, individuals receiving those services achieve improved outcomes. Consequently, as more people are supported through reablement, this should have a positive impact on long-term care budgets within Adult Social Care.

5. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

The provision of reablement discussed in the paper is for adults and older people, therefore, there are no implications for children and young people.

6. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

There are no known climate change or environmental implications arising from the matters in this report.

7. FINANCIAL IMPLICATIONS

There are no known financial implications arising from the matters in this report.

8. MONITORING COMMENTS

In the opinion of the author, this report does not contain recommended changes to policy or resources (people, finance or physical assets). As a result, no monitoring comments have been sought from the Council's Monitoring Officer (Chief Legal Officer), Section 151 Officer (Director of Finance) or Strategic Workforce Lead**.**

9. BACKGROUND PAPERS

N/A

10. CONTACT OFFICER

Nicola McVeigh
Assistant Director – Transformation and Integration
nic.mcveigh@nelincs.gov.uk

Katie Brown
Director of Adult Social Care