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Social Services Improvement Agency
Asiantaeth Gwella'r Gwasanaethau Cymdeithasol

Reablement Services in Wales December 2014



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This report has been endorsed by Reablement LIN members, WLGA and the Association of Directors of Social Services (ADSS).

Executive Summary

We can see that Reablement services in Wales help support thousands of people to stay safe and independent and in most cases to remain within their own home. It is clear that these short term interventions can have a huge impact on the consequent level of support required by the individual with 71% of people who receive Reablement services require either less or no support at all. There are however variations across Wales including the approaches adopted, staffing structures and joint arrangements. There are also clear variations in the data from across local authorities and the SSIA plan to explore this variation in more detail in a separate study.

Funding for Reablement services ranges between solely provided by the local authority to joint integrated arrangements with health. Grant initiatives from the Welsh Government such as the Intermediate Care Fund (2014/15) can be seen to have supported this service in many localities.

One real challenge for Reablement services in Wales is sustaining the ethos beyond the intervention and in particular into other service areas. The historic nature of many service models being that of giving care to an individual and 'doing for them' can be seen to clearly conflict with the core ethos of Reablement i.e. 'enabling people to do it for themselves'. There is a clear role ahead to support raising the awareness and understanding of the aim of the service and in particular to show the benefits this approach has on many other service areas. The continued work of the SSIA, Reablement Learning and Improvement Network and the Welsh Reablement Alliance play a crucial role in supporting taking this agenda forward.

1. Introduction

In December 2013 the Social Services Improvement Agency (SSIA) worked with the Reablement Learning and Improvement Network (LIN) and colleagues from across Wales produced the Reablement Position Statement. This was a first time in Wales to gain a national understanding of current Reablement services and to highlight the key benefits and challenges of such an approach. The resource, endorsed by the Welsh Government, was based on data from 2011/12.

During the Reablement Learning and Improvement Network (LIN) meeting in June 2014 the need for an update of the national picture was identified, albeit that the information sought should be less detailed. A suite of questions¹ were agreed with the Reablement LIN and the SSIA.

The information within this report is based on discussions with each authority during August and September 2014 and covered five key areas:

1. Current service data
2. Information regarding current service models and future service plans
3. “Tool Box” information, including a list of documents/measures
4. Range of new initiatives
5. Issues for potential future debate.

It is important to note that the information held within this report derives from structured conversational interviews with key Reablement leads within each local authority.

¹ Please see Appendix 2 for full set of questions

Definition of 'Reablement'

There is no one definition of 'Reablement' used across Wales, although many services utilise either the SSIA or Welsh Reablement Alliance definition. Reablement can be seen to essentially help people to do things for themselves and to maximise their ability to live life as independently as possible. It is about supporting the whole person. The two current definitions are:

"Services for people with poor physical or mental health or disability to help them live as independently as possible by learning or relearning the skills necessary for daily living".

(SSIA - Reablement Learning and Improvement Network)

"addressing their physical, social and emotional needs. It's an outcome-focused, personalised approach, whereby the person using the service sets their own goals and is supported by a Reablement team to achieve them over a limited period. It focuses on what people can do, rather than what they can't and aims to reduce or minimise the need for ongoing support after Reablement"

(Welsh Reablement Alliance)

One authority noted that perhaps thought should be given to using "enablement", rather than "Reablement" in order to ensure the widest range of service need and service user potential is embraced. It is important to note that regardless of definition used the core meaning remains consistent.

2. Reablement Services in Wales

2.1 Structure of Reablement Services

Reablement services in Wales vary in both the approach that is adopted (Intake, Targeted or a combination) to the setup of the staff arrangements, ranging from local authority standalone services to services integrated with health and other partners often within Community Resource Team arrangements.

‘Intake’ refers to all people identified being considered for Reablement, prior to a detailed assessment. This approach is based on the premise that all people entering into the system for a potential assessment could benefit from going through a Reablement service. Therefore the outcome for that individual could mean either no need for any ongoing support or a lower level of support required due to the intervention. This approach can be seen to be more timely as there is no delay in waiting for a detailed assessment to be made and also ensures no-one ‘falls through the net’ and is missed from being considered for Reablement.

A ‘Targeted’ approach is where practitioners identify specific clients who they have assessed as benefitting from Reablement. This approach relies on the skill set/experience of the practitioner and awareness of potential individuals for such a service.

As the table below illustrates proportionately more authorities are delivering an Intake approach and in three cases authorities run a combination of both. We are aware in Wales there is a general shift for the service to an Intake approach and also generally more Reablement services are delivered in an integrated arrangement with health.

Local Authority approach	Intake approach	Target approach	Combination of both
Stand-alone service	6	3	0
Service within Community Resource Team²	1	0	1
Service fully integrated within a Community Resource Team	7	2	2

When looking at the data from the range of approaches and make up a Reablement service there are clear variations between authorities, whilst approaches to recording such data also varies. It is also important to note that some approaches such as the Gwent Frailty project are unable to provide data as this is collated within a Health Portal data base of which Reablement is only one element. As we can see there are several keys messages emanating from the information gathered (full details can be viewed in Appendix 1):

- Proportionately more authorities (approximately 74%) use an Intake approach in comparison to a Target model
- Overall a high proportion (average 72%) complete the service
- On average 71% on completion of a Reablement service require either a decrease in level of support or none at all
- No authority was able to provide information in regards to referrals with a diagnosis of Dementia or memory loss

What this is clearly telling us is that Reablement Services can and are having a positive impact on people's lives and with the majority of those entering the service requiring either less or no further support. The

² This refers to a service that is not managed by the Reablement Team

next step is to explore the variations from across Wales and SSIA are planning to commission a review of the data to explore this further.

2.2 Focus of the Reablement service

The majority of services focus on aspects for the individual which are more than purely their functional need, albeit one service reported this was their main focus. Another reported that the level of demand prohibited working with the service user outside their home.

The need to support the individual to achieve their personal outcomes was often cited, with reference made to addressing social isolation and ensuring well-being.

2.3 Reablement Service hours

The majority of services reported that assessment staff worked office hours 5 days a week, with the service delivery for example being carried out by a Reablement Support Staff would take place 365 days a year. A number of services are planning to extend the working hours of assessment staff and in some cases the Intermediate Care Fund has been used to achieve this.

2.4 Reablement Service Staff composition

Staff composition ranged widely with some local authority stand-alone services being provided through a traditional domiciliary care model, albeit with additional Occupational Therapy support. Other services have a range of health services co-located and some being part of a fully integrated Community Resource Team, which included a Community Psychiatric Nurse or Occupational Therapist with mental health specialist skills.

2.5 How Reablement services are delivered

When looking at how Reablement services are delivered there are essentially two approaches: outcomes focussed and time and task focussed.

Time and task focussed approach can be seen as a more traditional method where the individual is assessed and a range of specific tasks are identified with a predetermined allocated time limit. This approach although easier to deliver from an organisational perspective and when managing staff activities does present challenges. The core challenge is that for individuals in receipt of the service their needs and general state of health may vary from day to day and so a predetermined activity may not always be appropriate. Also for staff a predetermined rota can constraint their ability to respond in a flexible and person centred manner.

Outcome focussed however looks at the end point for the individual, their goal, and puts in place a series of stages to enable the person to get to this point. This approach takes into account variances with the individual as they progress. However there are challenges in how to commission and deliver outcome focussed approaches. While this approach is far more flexible it can be challenging within the current pressures on increasing caseloads, limited resources and staffing levels.

We can see in Wales many services have developed outcome focused care and support plans, however for some services they continue to be delivered on a time and task basis or a combination of both.

Service delivery	Number of local authorities
Outcomes	9
Time and/or task	4
Both	8

2.6 Funding and provision of Reablement services

Generally more services in Wales are funded through an integrated arrangement with just over 40% funded solely from the local authority. Also it was noted by two local authorities that given the short term nature of the work and the focus in helping people remain independent at home funding for their Reablement services was also provided by Supporting People.

It can be seen that how a Reablement service is tailored for the individual will vary greatly depending on that person's circumstances and needs. This may mean intervention would be required from a range of health and social care staff and so clearly the broader the skill set available within the team ensures more holistic and timely access to the support required. Integrated arrangements present a model that enables such support and given that the nature of the benefits of Reablement apply to both local authorities and the health service joint funding ensures such a service is coordinated and sustainably delivered.

	Local authority provision	Integrated provision
S33	N/A	3
Jointly funded with Health	1	9
Local authority funded	9	N/A

2.7 Quality assurance/service user involvement in a Reablement service

For the majority of services, quality was determined by feedback from service users at the cessation of the service, supplemented by annual organisational surveys.

In response to the question regarding service user and carer involvement, the majority stressed individual outcome planning as the keystone to the service. In respect of service user/carers engagement in strategic service planning and delivery only three local authorities referenced this.

2.8 Follow up after completion of a Reablement service³

On completion of a Reablement service the approaches to follow up with the service user vary with approximately 43% of authorities not following up. Of those that do the time varies between 2 weeks

³ Based on 21 out of 22 responses

following completion to in one case up to a year. There are clear resource implications with carrying out follow up activities and the table below outlines the range of approaches:

Type of follow up	Number of local authorities
No follow up after transfer	9
Only if receiving long term support/standard review	5
Follow up after 2 weeks	1
Follow up after 3 months	4
Follow up after 6 months	1
Follow up for a year	1

3. Outcome /Performance Measures and Reporting Mechanisms

There are a range of systems used in Wales to measure service user outcomes and details about these are contained in the Tool Box available to Reablement LIN members via the SSIA website (www.ssiacymru.org.uk/reablement). It is important to note many of these systems measure functional change rather than “outcomes”. Nine services determine service user specific outcomes i.e. based on the individual’s goals, with performance determined on service population outcomes.

Many services collate a range of data other than that discussed in the questionnaire, some in respect of Welsh Government Performance Indicators, and some specific to respective Health Boards.

Several services reported use of national data systems i.e. PARIS/DRAIG and some retained bespoke in-house systems, in addition to the latter, or standalone.

Three local authorities have retained their own data bases. Information collated is generally reported on a regular basis to operational management teams, to integrated partnership fora and within the performance reports to Scrutiny Committees/Health Boards. In respect of the impact of reporting on Reablement, some services had received additional funding to expand the service and the data did provide evidence for bids to the Intermediate care Fund.

Several authorities commented on the use of the data to demonstrate to staff and Members the impact of service transformation and cultural change.

It was noted that for those services based within or aligned with Community Resource Teams, there was significant reference to Reablement being a clear intervention to support hospital avoidance or early discharge. However whilst Reablement was experienced as having an impact on reducing hospital admission and enhancing discharge, it was difficult to evidence this as there were many other initiatives with similar service outcomes being actioned at the same time.

4. Community Equipment and Assistive Technology

There were no difficulties reported in the links with Community Equipment and Assistive Technology and in several cases, the Reablement lead was also the manager for these services.

It was noted that for three local authorities, Assistive Technology services are based within Housing and one reported a recent reduction in the range of equipment available due to budget cuts.

5. 3rd Sector involvement

The majority of Reablement services have close links with the 3rd sector and ten have a 3rd sector broker either within the team or one who is readily accessed through the Single Point of Access (SPoA). It is of interest that one local authority considers that the expanding role of the 3rd sector within the Single Point of Access and the focus on well-being/ early intervention, may lead to this aspect of support no longer being provided by Reablement and the service returning to a more functional focus.

6. Mental Health Pathway

The majority of services were reported to be providing support to those with memory loss or dementia.

It was noticeable that for Reablement services which were integral to Community Resource Teams, difficulties in accessing mental health support was minimal. However, particularly for stand-alone local authority services, many comments were received as to the difficulties in engaging with Mental Health services and there being a slow response to referrals.

7. Statement of Intent

One of the Recommendations in the Position Statement on Reablement Services in Wales was that “Regional Reablement strategies should be refreshed and developed on a genuine

partnership basis across local government, the NHS and other sectors to ensure effective and efficient provision. Opportunities should be taken to formalise arrangements through the forthcoming Statements of Intent between Local Health Boards and Local Authorities in relation to integrated services for older people with complex needs". Very few respondents were able to comment on whether this Recommendation had been actioned.

8. Intermediate Care Fund

All but three Reablement services have benefited from the Intermediate Care Fund (ICF), for those who have received grant funding the following details its usage:

- Additional staffing to expand the numbers of people supported or to extend working hours particularly for therapy and assessment staff
- Additional step-up step-down beds
- Reablement beds within Extra Care
- Setting up a "smart house" to demonstrate the benefits of Assistive Technology
- Enhancement of core SPOA staff
- Enhance engagement of 3rd sector
- Piloting dementia support
- In-reach team to action early engagement with service users and their families in hospital

It was noted by several respondents that it has been difficult to recruit to posts and therefore the timescale for evaluation would not give a sound picture on which to bid for ongoing funding, either from Welsh Government or local fund holders.

A further concern noted was that core Reablement staff were being seconded to the new ICF initiatives and that backfill was difficult, due again to the short term nature of the Fund.

9. Sustaining the Reablement ethos

This is an area which most respondents commented on as being a key area for improvement.

Actions taken to ensure the Reablement ethos is sustained included:

- Direct involvement with new provider at handover
- Reablement Team undertaking the first review after handover
- Long term providers trained in Reablement ethos
- Care and support plan written with Reablement focus
- Reablement team commissions long term work directly
- Piloting a Outcome focused approach with long term providers

The key barrier to sustaining the ethos is the manner by which long term support is commissioned, with most services using a time and task based contract which does not allow for flexibility in the delivery of service.

10. Conclusion and Future Action

This report evidences the continued success and expansion of Reablement Services across Wales. The impact of the variation in service structures, models and funding sources is not immediately apparent in the data collected and this is being explored further through an academic review. The report highlights areas for continued improvement eg data collection, to include Dementia and memory loss, plus Follow up; sustaining the ethos; addressing the tensions between Time and Task and Outcomes focussed service delivery.

Currently the SSIA are supporting two projects which focus on the dementia and Reablement in both models of service required and staff training and development. Further detail regarding this work as it evolves will be made available from the SSIA website at the link below.

Through discussions with local authorities across Wales it is clear there are plans to further develop and enhance Reablement services and some of the areas identified are:

- Move to Intake model
- Improvement in commissioning of long term support
- Integration with health
- In reach services
- Support to people with dementia
- Improved technology for staff to monitor and record achievement of goals directly
- Step up step down beds
- Development of Neighbourhood Care Networks
- Improved engagement with 3rd sector
- Service user and carer engagement in strategic planning

Over the coming year the SSIA will continue to work closely with key stakeholders to support the development and enhancement of this critical service in Wales. More information can be viewed online at www.ssiacymru.org.uk/reablement.

Appendix 1 – Data from Reablement Services

(Lowest and highest figure recorded)	Target	Intake	Both	Unable to provide information
Number referred for Reablement service	372-1397	218-1960	479-1067	4
% overall referrals to Adult Services	6.41%- 8.41%	9.60%-46%	?-60%	15
% of referrals completing the service	79.86%- 96.8% Av=88.33%	46%-98% Av=76.5%	48.5%-52% Av=50.25%	6
After completion, % not requiring a future service	42.9%- 69.4% Av=63.61%	16%-73% Av =51.12%	52%-63% Av = 57.5%	6
After completion, % requiring reduced level of support	0.35%- 26.3% Av=14.24%	0.65%-32% Av=11.26%	13%-16% Av = 14.5%	9
After completion, % requiring additional support	5.01%- 14.53% Av=11.08%	2%-48.9% Av = 13.13%	0%-24%% Av = 12%	9
After support, % having no change to service ()		4.9%-23.5% Av=14.23%		
% referrals with diagnosis of Dementia or memory loss				All

Appendix 2 – Survey Questions

A) Performance Information, with specific reference to 2013/14

- 1) Did you operate an intake or target model in respect of referrals for Reablement?
- 2) How many people were referred for Reablement?
- 3) What % of overall referrals to Adult Services does this represent?
- 4) What % people referred for Reablement completed their Reablement programme
- 5) After completion, what % people referred for Reablement:-
 - i) required no further support
 - ii) required reduced level of support
 - iii) required additional support
- 6) What % people referred for Reablement had a formal diagnosis of Dementia
- 7) What % people referred for Reablement had a memory loss
- 8) Do you follow up people who have had a Reablement service?
If so—at what intervals and what data do you have?
- 9) Do you have standard Outcome Measures in respect of Reablement for either the individual and/or the service?
If so—what are these and what data can you provide?
- 10) How is the quality assured or measured for your service?
- 11) Do you collect any other Performance Information in respect of Reablement?
- 12) How is the information data collected and who is it reported to?
- 13) What impact has reporting of the information had?

B) Re 2014/15

- 1) What definition of Reablement are you utilising?
- 2) Does the Reablement service focus on anything other than functional physical ability?
- 3) Is the service commissioned on the basis of time and task or on the achievement of service user outcomes?
- 4) How is the Reablement Service funded? What is the percentage paid by Health compared to your LA?
- 5) During what times and within the week is the service available?
- 6) Who provides the Reablement Service and what is the staff composition?

- 7) What is the pathway for accessing support to people identified by Reablement staff as requiring mental health support?
- 8) How have you ensured that the ethos of Reablement is sustained for those requiring longer term support?
- 9) What links do you have with Community Equipment/Assistive Technology services?
- 10) How are service users and carers able to inform the planning and delivery of the service?
- 11) How is the 3rd sector involved in the Reablement Service?
- 12) Is reference made to Reablement in the Statement of Intent and if so what is stated?
- 13) How has the Intermediate Care Fund been utilised for Reablement Services and are these improvements sustainable without on-going funding?

C) Future Plans—planned and aspirational

- to include discussion on dependencies