



Social Services Improvement Agency
Asiantaeth Gwella'r Gwasanaethau Cymdeithasol

Reablement Services in Wales

Themed Review of Practice

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Llywodraeth Cymru
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Contents

1. Executive summary.....4

2. Service Overview.....8

3. Theme 1: Assistive Technology.....10

4. Theme 2: Proportionate Assessment.....14

5. Theme 3: Measuring Outcomes.....16

6. Theme 4: Community Co-ordination/Handover and Review.....19

1. Executive Summary

Reablement services are about helping people learn or re-learn the skills necessary for daily living, which have been lost through deterioration in health and/or increased support needs.

“Reablement is about helping people to do things for themselves to maximise their ability to live life as independently as possible. It’s about supporting the whole person – addressing their physical, social and emotional needs.”

(Welsh Reablement Alliance)

The Social Services Improvement Agency (SSIA) has supported the role of Reablement in Wales for many years primarily through the Reablement Learning and Improvement Network (LIN) which is made up of local authority and health leads for this service. Work has ranged from facilitating learning events, developing national resources and the development of the Reablement Position Statement, a first for Wales.

The focus of this review and the key themes were identified through discussions with Reablement LIN members. All agreed these four aspects would be very beneficial to explore and to gain an understanding of how they are being addressed in Wales and what are the challenges being faced. Alongside the direct conversations with authorities the SSIA held a learning event to explore these themes further and findings from this event also helped inform this report.

Theme 1: Assistive Technology - Key findings

Assistive technology is often referred to as an umbrella term that includes assistive, adaptive, and rehabilitative devices for people. The use of technology and devices included within Assistive technology can be one of the options that can have a real benefit for individuals engaging with a Reablement service. Key findings include:

Strengths:

- The majority of Reablement services discuss Telecare and Assistive Technology with the person and their family carers

Challenges:

- The management of Telecare staff varied considerably across Wales and it was seen that the further connection with Tele-health services was also very inconsistent
- Engagement between Telecare service and the Reablement service varied widely
- Staff based within integrated community teams spoke positively about Health personnel having more appreciation of the role Telecare and Assistive Technology can play in supporting independence

- Medication management was seen as a challenge for many Reablement services, often causing delays in allowing the individual to progress

Theme 2: Proportionate Assessment - Key findings

The level and detail of the assessment of the individual when they enter a Reablement service will vary dependant on circumstances hence the need for a proportionate assessment. Key findings include:

Strengths:

- All services consider that they take a proportionate approach to assessment and the majority confirmed that assessments were Outcome focused
- The “What matters” conversational approach was utilised by nine services, with four others commenting that this was work in progress
- Almost all integrated services stated that the same documentation was used by all professionals ensuring that the assessment process was streamlined and supported sharing of information

Challenges:

- Lack of integrated IT systems was seen as a challenge for the majority with only four having such systems. It was seen where systems were integrated sharing electronic information was more streamlined
- From the 19 local authorities who took part in the review only nine services stated that Reablement information was used within a pathway approach as the basis for long term support

Theme 3: Measuring Outcomes - Key findings

Reablement services are very much outcome focused, looking at the individual and determining with them what they wish to achieve and what is important to them to allow them to remain safe and as independent as possible. How outcomes are set and measured is core to this and the key findings include:

Strengths:

- All respondents reported that they collected Service Outcomes, but only nine stated that they collected Personal Outcomes. It was seen that collecting personal outcomes was a future focus for most services
- All services monitor progress throughout the Reablement intervention to understand when goals are met/whether they need to be modified
- It was seen that the performance information within integrated services would be considered to inform commissioning across both health and social services

Challenges:

- Training to support staff in working in an outcome focussed approach was seen to be limited, although several services plan to undertake this as part of locally embedding the Social Services and Well-being (Wales) Act
- All services confirmed that no long term review feedback was received for those who had received Reablement
- Some noted that unrealistic expectations were a challenge with families, some reported particularly when hospital staff had led the person and their family to believe they were entitled to six weeks free home care

Theme 4: Community Co-ordination/Handover and Review - Key findings

The planning for an individual 'post' Reablement is key to their on-going recovery and maintenance of their independence. The role of community support or a continuation of a service are crucial and handover from Reablement to such services is an important aspect to consider. Also where carried out a review of an individual's progress beyond the Reablement service can help inform what if any further intervention may be required. Key findings include:

Strengths:

- In regards to handover the majority of services reported that they could extend the period of Reablement beyond six weeks, notably for those with complex needs or dementia

Challenges:

- Ten services reported that determination of eligibility for long term support and completion of the care plan was undertaken by a social worker who was not part of the Reablement service
- Nine services reported difficulties in handover, due to problems with capacity in long term support services, particularly in rural areas
- Given the traditional approach of caring for a person by doing the tasks for them, nine services stated that they had either limited or no confidence in long-term external providers to be able to sustain a Reablement/outcomes focussed approach.

During the review a wide range of documentation and resources were discussed and local authorities have kindly shared these resources to support this work. All resources are available on the SSIA website at www.ssiacymru.org.uk/reablement.

2. Service Overview

Setting the context for the review discussions were held with each participating local authority in regards to an overview of the Reablement service. The following emerged as key aspects of services in Wales:-

- i) The SSIA Report “Reablement Services in Wales December 2014” identified a move from a Target model i.e. whereby practitioners undertake an initial assessment of those referred, to identify which are deemed appropriate for Reablement to an Intake model i.e. when all people seeking support receive a Reablement service (unless there were clear indicators e.g. advanced dementia, a terminal/applicative prognosis, where quality of time is more important than an increase in long term skill) This latter approach reflecting the ethos and principles of the Social Services and Wellbeing (Wales) Act.

The review found that of the 19 services contacted, 18 were now based on an Intake model. This shows a real change to a more inclusive model of engagement.

- ii) In respect of service structures, there continues to be a significant variance in service composition, with the six services in North Wales being delivered and managed by the Local Authority, whereas in the majority of the other services, there was integrated health and social care provision.

Six services made reference to Reablement being included within a Section 33 agreements¹ already in place, or in development. Other key features emerging from service overview discussions were:

- The use of the Intermediate Care Fund has been very beneficial in enhancing service provision, for example service hours have extended and/or increased the range of health professionals within the service. This was particularly prevalent where Reablement was seen as a key process within a hospital discharge pathway.
- Many services reported the establishment of a Single Point of Access as a conduit for referrals.
- The scope of Reablement services had been extended in many organisations to include the “right sizing” of packages, for example assessing people in receipt of long term support to ascertain whether the increase in hours requested was appropriate and /or whether the person could be supported to become more independent. However, not all services had been enhanced to manage this extra demand.
- Due to pressures such as recruitment and retention many authorities shared a concern regarding the fragility of the independent sector
- Concerns were raised regarding budgetary reductions, coupled with the National Living Wage.

¹ A formal agreement between Social Services and Health to pool a budget

3. Theme 1: Assistive Technology

Assistive technology is often used as an umbrella term that includes assistive, adaptive, and rehabilitative devices for people. Assistive technology promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to, or changing methods of interacting with, the technology needed to accomplish such tasks. Within local authorities Telecare services include a wide range of technologies, such as sensors, that help an individual to be safe and often within their own home. Alongside Telecare, Telehealth services allow remote monitoring of health related issues such as blood pressure.

Service provision

All local authorities reported they provide a Call Alarm system, with a range of linked and standalone monitors and sensors. For many, the Call Alarm system was commissioned from an external organisation, whilst the Telecare Officers were direct employees, often linked to the Community Equipment Store, or in a few instances, Care and Repair.

Service management

The management of the Telecare Officers, those who support strategic Telecare development and provide advice as to current options/installation, varied widely across Wales. Most Reablement services have a management link to the Telecare Officer, and in 2 authorities, the Reablement manager is also line manager for the Telecare officer. In other areas across Wales the Telecare service is managed through Local Authority Housing or Corporate services.

Engagement with Telecare services varied widely however where Reablement and Telecare services were connected the role of Telecare was valued. However, where the Telecare officer was based in another department and/or had a large geographical area to cover, links were limited and respondents felt that this was an area for improvement.

Response service

In respect of the Call Alarm service, the majority did not have a linked Mobile Response Service and recipients were required to identify a family member or friend to act as a responder. Where such a person was not available, emergency services would be called, provided there was a key safe in operation.

Six authorities reported having a Mobile Response Service, four operate this 24/7 and two during night time only. Evidence from these services show significant savings for the ambulance service and also better outcomes for the individual as in the majority of call outs no hospital admission is required.

Only one Reablement service had daily update details of call outs received from the Call Alarm service. Having this information enabled the manager to check the list against the people in receipt of Reablement and alert staff accordingly. It was noted that where the Call alarm system is commissioned externally, there was no shared IT system, such that Reablement managers were unable to access activity data directly.

In respect of proactive calls/prompts—where these were actioned, this was usually linked to the contract with the Call Alarm system and charged for separately.

Ethical issues

For many recipients of Reablement and their family the use of Telecare and Assistive Technology, other than Call Alarm systems, can engender a view that a “Big Brother” approach is being advocated. When discussing this ethical aspect of the service, it was clear that where it is appropriate, this is an issue Reablement staff are supported to address sensitively and with clear reference to capacity issues and to the Mental Capacity Act, should the person have cognitive impairment. Several authorities commented that when considering Best Interest, the implementation of Assistive Technology, could prove to be the least restrictive option.

Just Checking

For people with dementia “Just Checking”² was found to provide a useful monitoring tool and one which could provide reassurance to family carers. However of the nineteen respondents, only four used Just Checking regularly, six occasionally, three rarely and six said it was never used within Reablement services.

Reablement Services Awareness of Telecare

All but two Reablement services ensure Reablement Staff discuss Telecare and Assistive Technology with the person and their family carers. However, despite this, there did not appear to be a requirement for Reablement staff to have had Telecare Awareness training (although one service commented that all their Reablement staff were trained to assess, with another having staff who could also install equipment.) One service had provided training within their Induction and in one service all Reablement assistants were undertaking an Occupational Therapy diploma in which Telecare was a specific module. It was noted that one service planned to make training mandatory. Whereas for the others, awareness was achieved through regular updates and attendance by the Telecare Officer at Team meetings.

Four services made specific reference to this being an area for improvement, with one suggestion being that neighbouring authorities could consider jointly funding a Telecare officer, with a specific strategic remit, as well as ensuring the most up to date information was available.

Service Delivery

Problems with speed of equipment delivery varied, with three services stating this as a regular concern. One service stated that there were targets set for delivery when equipment was delivered externally.

Many Reablement services spoke positively of their links with equipment stores and there did seem to be an added emphasis on speed when the request was linked to hospital discharge, with one service stating they had emergency supplies available.

² An innovative yet simple elderly monitoring device allows people with early stages of Alzheimer's or Dementia to live independently in their own home

Health awareness and engagement with Telecare and Assistive Technology

Staff based within integrated community teams spoke positively about Health personnel having more appreciation of the role Telecare and Assistive Technology can play in supporting independence, particularly over the past few years. In one area a joint Telecare and Telehealth strategy is being developed.

In another Telecare awareness is being promoted to Dementia and Parkinson support groups within the community hospital. However, it did appear that this level of awareness and understanding was not as prevalent within community health personnel in areas where services were not integrated (one person expressed frustration at being told by Health Occupational Therapists “we don’t do technology”).

The majority of respondees commented on the limited knowledge of acute health service staff, and one reported they had found that this issue was helpfully addressed by the rotation of Occupational Therapy staff. One respondent expressed a view that Health staff, who were engaged in discharge, were over prescribing Telecare as part of the support plan and were recommending equipment which they could not be sure the person was able to utilise. This led to an inappropriate allocation of resources and could have a negative impact on future take up of Telecare options.

Medication management

One local authority service stated categorically that this was an area they did not engage with at all, following a directive from their senior management that this was a Health issue. Another service commented similarly that this was not a social services responsibility and that they would not accept a referral for Reablement if medication management issues had not been resolved.

Several services commented that on instances whereby people had been ready to move from Reablement services, but were unable to do so due to difficulties in addressing medication management. For the majority of other services, this was an area of considerable concern, with only two services indicating that it was not an issue for them. Some CRTs included Pharmacists within their structure, which was of great benefit in ensuring regular medication reviews, but the main barrier is the use of Pivotal dispensers and particularly ensuring community pharmacy engagement in their ongoing use.

Intermediate Care Fund (ICF)

It was seen from those who accessed the Intermediate Care Fund to support and enhance Reablement services the fund proved very beneficial. Use of the fund varied across authorities and included:

- Additional equipment
- Just Checking kits and other stand alone equipment
- To enhance installation capacity
- To support Hospital at Home
- To establish a Pharmacy Team

Further information about the fund can be viewed here:
<http://gov.wales/topics/health/socialcare/working/icf/?lang=en>

Comments from local authority Reablement teams:

"We need to grow the service and learn from others"

"This is an area that Health needs to improve on"

"It would be useful to have more complex equipment"

"We are trialling a self assessment form for Telecare "

"Telecare is currently a very traditional service and we could do more"

"Under a previous Head of Service, a multi-agency telecare group was held which included Health and the response service"

"Might greater use of generic workers address the issue of social services involvement with medication"

"There is more we could do, but there needs to be an identified lead"

4. Theme 2: Proportionate Assessment

The level and detail of the assessment of the individual when they enter a Reablement service will vary dependant on circumstances hence the need for a proportionate assessment is key. How this is carried out across Wales was the critical aspect within this part of the review. Two services commented that when Reablement are initially involved at a crisis point in a person's life, then this issue needs to be dealt with immediately before an assessment for Reablement can be undertaken.

All services consider that they take a proportionate approach to assessment and this was a particularly strong view for those where Vanguard³ had been engaged in reviewing processes. One service commented that Reablement is viewed as an assessment period in itself and so only very basic information collated until long term need for service determined.

Some health staff considered that only capturing basic detail compromised their professional responsibilities and so whilst complying with the organisational requirement for limited initial information, they also wrote very detailed case notes

"What Matters"

The "What matters" conversational approach was utilised by nine services, with four others commenting that this was work in progress. In response to the question "Is your assessment compliant with the new Act?" six considered it was already and nine reported work in progress. In respect of the expectations of the new Act, several services commented on staff training in "effective communication" and or "strengths based conversations".

Documentation

All the integrated services, bar one, stated that the same documentation was used by all professionals. However only four also had access to integrated IT systems, with the others having to utilise different methods to transfer information between Health and Social Services. The introduction of All-Wales Community Care Information Solution (CCIS) was positively anticipated.

One new innovation in one service, was the use of a digital pen, through which information gathered at the point of contact with the person, could be transferred immediately to all on the information system.

Focus on Outcomes

The majority of services confirmed that assessments were Outcome focused. However, this approach did was not always feed through into the support plan which were often 'Time and Task' focused.

³ The Vanguard Method <https://vanguard-method.net/>

Pathways

Some Reablement services form part of a wider community support team and some comprise an element of the in-house domiciliary service. However even if the Reablement service was characterised as the latter, there was no consistent approach to the transfer of information when long term support needs had been identified and a more detailed assessment required. Only nine services stated that Reablement information was used within a pathway approach as the basis for a long term.

Comments from local authority Reablement teams:

"Do staff really grasp the change in ethos?"

"We need to help staff understand that Outcomes are person centred, and that this is what the focus should be—rather than staff determining the "need" for support"

5. Theme 3: Measuring Outcomes

Reablement services are very much outcome focused, looking at the individual and determining with them what they wish to achieve and what is important to them to allow them to remain safe and independent as possible. Measuring if these outcomes are achieved and looking at how they are set are key in ensuring the services meets the needs of the individual.

Performance Measures

All respondents reported that they collected Service Outcomes, but only nine stated that they collected Personal Outcomes, with a range of professional tools utilised. Only services which had been part of the SSIA pilot regarding the National Outcomes Framework (NOF) considered that their outcomes captured aligned to this and respondents who were social services employees seemed much more au fait with NOF, than health leads.

Who assesses?

As noted earlier, all bar one service operate the Intake model with initial (outcome) assessment being undertaken by a range of professional staff i.e. social workers/therapists/co-ordinators/Reablement managers.

Training

Many services fed back that limited training was currently available to support a personal outcomes approach. However several services were focussing on this as part of embedding the Social Services and Well-being (Wales) Act. One service considered that the input of the 3rd sector broker in outcome setting training was useful.

Another service considered that it would be useful to open up such training to long term providers and this was linked to comments from services which also provided long term support, for example that all staff should understand and implement an enablement, outcome focussed ethos.

Tracking progress and performance

All services monitor progress throughout the Reablement intervention to ascertain when goals are met/whether they need to be modified. Some services undertake a formal weekly check whilst others carry it out at the start/ middle and end of the intervention. Two services reported development of a "tracker" which Reablement support workers use directly with the person they are supporting. This highlights the outcomes to be achieved and the progress that is being made. This interactive system has been positively received by staff and individuals.

Few services reported that Reablement was involved in reviews following cessation of the service. No long term review feedback was received on those who had received Reablement. One service is looking to develop a single document which would track the individual's progress throughout Reablement and into long term support, where this was appropriate—no service reported having regular feedback. All services reported utilising a quality questionnaire, either as an agreed service indicator and/or as a requirement as a registered service.

Measuring and reporting performance

As noted in the SSIA's report 'Reablement Services Wales December 2014', some Reablement services which are part of a Frailty service are unable to disaggregate their specific performance. For the other services, the usual pattern was for aggregated performance to be received by service manager's monthly and senior managers quarterly. One service used the performance report to discuss with team members and for another the information was used as evidence for the service's annual self-assessment and "challenge" with the Chief Executive Officer.

No service was able to use the data to ascertain why service or personal outcomes were not met—although it was considered that this information could be acquired by drilling down into personal files. Where Reablement was part of an integrated service, performance information would be considered by both social services departments and health commissioners, otherwise only Local authority officers were aware of Reablement's performance.

Engagement with families

As first point of contact with many people and their families, Reablement staff are well positioned to discuss the enablement approach and explain the changing role of services from one of hands-on care to that of support. The majority of services considered that staff were able to undertake this function and that it was important to do so from the outset, so as to challenge any expectations. Some noted that unrealistic expectations were a challenge, particularly when hospital staff had led the person and their family to believe they were entitled to six weeks free home care.

One service was redesigning leaflets to explain Reablement, whilst another said their authority was redesigning all information to align with the ethos of the new Social Services and Well-being (Wales) Act.

Comments from local authority Reablement teams:

"In our CRT, service information is held by the Health Board and it is difficult to access the information" (from a local authority manager).

"Medical staff, including Doctors, need to be trained in outcomes"

"I am very positive about the National Outcomes Framework, but it is difficult to embed"

"Reablement literature should spell out what an Outcomes approach means in reality!"

"Families are unhappy if there is a charge for a service which they see as just checking, particularly after discharge and the person was able to previously able to self-medicate"

6. Theme 4: Community Co-ordination/Handover and Review

The planning for an individual 'post' Reablement is key to their on-going recovery and maintenance of their independence. The role of community support or a continuation of a service are key and handover from Reablement to such services is an important aspect to consider. Also where carried out a review of an individual's progress beyond the Reablement service can help inform what if any further intervention may be required.

Planning long term support

Four services reported that Reablement commissioned long term support directly; with another three services reporting that Reablement and long-term support workers sat in the same team with either being able to commission ongoing support.

Ten services reported that determination of eligibility for long term support and completion of the care plan was undertaken by a social worker who was not part of the Reablement service, albeit that their recommendations and reports provided significant input for this. Several services commented that there were plans to move eligibility determination and the commissioning of ongoing support to Reablement.

Information transfer

In respect of information transfer, as noted previously IT systems between Health and Social Services are not always compatible/aligned and as long term support is generally provided through Social services, Reablement documentation within integrated services may not be directly accessible. Five services reported that they were not able to transfer Reablement information.

Capacity

Nine services reported difficulties in handover, due to problems with capacity in long term support services, particularly in rural areas. Four services stated this was an occasional problem and four services had no problems (two of these having their Reablement services as part of the domiciliary care service so staff were used flexibly). Where Reablement services continued to provide support after six weeks, the charging policy would be implemented, other than in services where Reablement was part of health provision.

When there were problems with handover, senior managers or commissioners would be informed. One service was required to send a weekly report providing detail of those still in Reablement, but who had exceeded the six weeks. One service had a formal escalation policy.

Range of Services

Three services considered the range of options was limited, with one identifying the need for exercise classes within the community.

Three services considered that there was a good range of options available following Reablement and a further 8 specifically commented on the value of 3rd sector engagement, with the inclusion of 3rd sector Brokers within Single Point of access proving to support more creative options.

Again rural areas were less well served with two services reporting on the work of community co-ordinators/navigators in developing well-being services. Direct Payments were being promoted and where Dewis Cymru (www.dewis.wales) was in place, this had been found to be very useful.

Handover

The majority of services reported that they were able to extend the period of Reablement beyond six weeks, notably for those with complex needs or dementia. This flexibility was usually for a maximum of two weeks and thereafter additional time required discussions with senior manager/commissioner. The majority of long term support is provided by external organisations. Eight services reported that Reablement undertook the handover visit to new providers, two services said they were rarely involved in handovers and two said this never happened.

Sustainability of Ethos

As stated previously in the report, few services were directly involved in reviews following cessation of Reablement and neither were services feedback review detail. One service which provided both Reablement and long term support had developed a Review Agreement, in which the person and/or their family took responsibility for notifying the organisation when there was a change in outcomes to be met.

Nine services stated that they had no/limited confidence in the ability of long-term (external) providers to sustain a Reablement/outcomes focussed approach. Four services stated that providers may say that they did take such an approach, but they were sceptical. One service tried to address this concern through ensuring robust Reablement engagement at hand over to ensure that new providers were 100% au fait with the work Reablement had undertaken. The continued use of Time and task contracting arrangements was felt to impede a more enabling approach.

Comments from local authority Reablement teams:

"We should be involved in the quarterly meetings with providers"

"Long term providers need more training"

"Regarding engagement with leisure services, it is not just access to the classes that is important, but also having people who can help with changing and showering"

"An agreement with health that social services would undertake financial assessment during Reablement, so as to avoid delay in charging if handover delayed, was not actioned. This has led to repeated requests for Reablement, even when not appropriate, as it is seen as a free service"

"Additional demands to support hospital discharge, even when Reablement may not be appropriate, has exacerbated service pressures"

"Single handed pilot underway to reduce requirement for double handed support"

Summary

It can be seen that there has been real positive progress in the continued development and enhancement of Reablement Services in Wales. Aspects highlighted in this report include; the majority of services operate an intake model, assessments were outcome focused and that they could extend the period of Reablement beyond six weeks, notably for those with complex needs or dementia. All showing real positive enhancements of the service for the individual.

There are however still many challenges facing these services and one key element acknowledged is the pathway for the individual. How they enter the service, the support given and how they move onto community or other long term support is crucial. Although a large proportion of individuals require no further support following Reablement there are those who do require a level of on-going intervention and so this seamless transition is vital to continue building the independence and well-being for the individual.

To continue to support the role of Reablement services in Wales the SSIA will work with the Reablement Learning and Improvement Network to enable services to be enhanced and to facilitate the sharing of learning and good practice.

For more information about the work of the SSIA in regards to Reablement please go to www.ssiacymu.org.uk/reablement