Welsh Reablement Alliance

Welsh Reablement Alliance,
c/o WRVS,
Beck Court,
Cardiff Gate Business Park,
Cardiff, CF23 8RP

Committee Clerk,
Health and Social Care Committee,
National Assembly for Wales,
Cardiff, CF99 1NA
HSCCommittee@wales.gov.uk

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Dear Sir / Madam,

Re: Committee inquiry into residential care for older people

Further to your request of 24th October for responses to the above inquiry, please find below a submission from the Welsh Reablement Alliance.

The Welsh Reablement Alliance is an umbrella organisation for professional associations, voluntary sector partners and care providers who provide reablement services in Wales. We believe that by speaking with a united voice on reablement, we can give a clear indication of what is needed to improve reablement provision. The Alliance is comprised of:

- WRVS
- The College of Occupational Therapists
- Age Cymru
- The Stroke Association In Wales
- The Chartered Society of Physiotherapy
- Care & Repair Cymru
- MS Society Cymru
- Crossroads Care
- United Kingdom Home Care Association
- Alzheimer's Society
- Mind Cymru
- British Association of Social Workers Cymru

We have confined our response to the first point of the inquiry's terms of reference, namely **the process by which older people enter residential care and the availability and accessibility of alternative community-**

based services, including reablement services and domiciliary care.

Health benefits of reablement

Dedicated and consistent reablement services help to prevent costly hospital readmissions and help to improve people's quality of life. This is not only important for personal wellbeing, but also saves money in the longer term through reducing costs to the NHS and social services. The need for better discharge planning in Wales has been supported by the Older People's Commissioner; both the Social Services Improvement Agency and the new NHS vision "*Together for Health*" also call for a radical reconfiguration of social services in Wales in favour of a shift towards a reablement approach.

The case for properly-funded and effective reablement is therefore a compelling one. Glendinning *et al* (2010) concluded that reablement was significantly associated with better health-related quality of life and social care outcomes compared with the use of conventional home care. The same study also concluded that there is a high probability that reablement is more cost effective than conventional home care and therefore worth investing in. The Social Services Improvement Agency identified that 60% of older people who enter a reablement service do not require further services after a six week intensive period of help and assistance (Social Services Improvement Agency 2011).

A 2007 study for the Care Services Efficiency Delivery Programme found that, following reablement, up to 68% of people no longer needed a home care package and up to 48% continued not to need home care two years later (CSED Programme, Homecare Reablement Workstream 2007). Building on the body of evidence contained within the Homecare Reablement Discussion Document published in January 2007, a retrospective longitudinal study was commissioned by CSED with the Social Policy Research Unit at the University of York. Examining the experiences of four councils and schemes, the study shows that in three of the four schemes:

- 53-68% left reablement requiring no immediate homecare package;
- 36-48% continued to require no homecare package two years after reablement;
- Of those that required a homecare package within the two years after reablement, 34-54% had maintained or reduced their homecare package two years after reablement;

In the fourth service (which operated on a selective basis) the results were significantly higher.

A study of COPD (chronic obstructive pulmonary disease) patients in Wales found that where access to rehabilitation services were available, readmission rates could be cut from 33% to just 7% as well as halving hospital stays and reducing the number of GP home visits required (Chartered Society of Physiotherapy 2011). A pilot study of stroke survivors in Wales found that an early supported discharge scheme saved a total of 164 bed days in a six month period (Chartered Society of Physiotherapy 2011). The Stroke Association reports that 25-50% of people in a care home will have had a stroke and 11% of all stroke patients will be newly admitted into care homes. It is vital that these stroke survivors are given access to

specialist stroke rehabilitation whether they return home or are admitted to residential or nursing care – yet this is not always available.

Finally, it is also worth emphasising the clear health benefits of the social aspects of reablement. As part of the Shaping Our Age research project between WRVS, Brunel University and De Montfort University (WRVS 2011), older people from across the UK were asked to discuss their understanding of wellbeing. The most frequently-mentioned factor which dictated wellbeing and quality of life was relationships and social contact with family, friends and neighbours. If these relationships are absent, then there is significant potential for isolation and loneliness – and this can be magnified when commercial and state services become more remote. This supports the work of Allen & Glasby (2010) who found that social contact, rewarding activity, opportunities for engagement and participation are essential for the promotion of wellbeing and mental health – and this may have knock-on consequences for physical health and sustaining independence. Any provision of reablement should therefore have a dual focus – both on the physical support needed for good health, but also the social support required to provide all-round quality of life.

Economic benefits of reablement

Due to its aim of restoring or regaining function, reablement requires enhanced competencies in assessment and goal setting (Social Services Improvement Agency 2011). The added expertise and involvement of occupational therapists in reablement teams contributes to successful reablement services (Rabiee & Glendinning 2010). Riverside Community Health Care NHS Trust (1998) found that in 50% of cases reviewed by occupational therapists, the care package was removed, producing substantial savings. In the remainder of cases, the care package was significantly reduced. The review of 85 service users' care packages saved £170,000, met service user goals and encouraged greater engagement with the local community. One study that explored the relationship between provision of equipment and reduction on care package costs and residential care found cost savings of over £60,000 over an eight week period (Hill 2007).

Reablement may involve improving the individuals' skills and may also include housing adaptations. Evidence shows these can reduce the need for daily visits and reduce or remove costs for home care, generating savings between £1,200 and £29,000 a year (Heywood *et al* 2007). Postponing entry into residential care by just one year through adapting peoples home saves £28,080 per person (Laing & Buisson, 2008). A recent Joseph Rowntree Foundation (2011) highlights the benefits of preventative services. It states that the national evaluation of the Department of Health Partnerships for Older People Projects pilots (POPPs) demonstrated that 'small' services providing practical help and emotional support can significantly improve older people's wellbeing. It showed that overall, low-level practical support initiatives can have dramatic outcomes – both in terms of increased quality of life and in terms of lower use of formal services and institutional forms of support.

The POPPs evaluation also found economic benefits from targeted intensive interventions to prevent crisis (e.g. falls services) or at a time of crisis (e.g. rapid response hospital admissions avoidance services) or post-crisis reablement services. For every £1 spent on such services to support older people, hospitals were found

to save £1.20 in spending on emergency beds. Similar findings have been demonstrated by pilot projects focusing on prevention and improved inter-agency joint working in Wales. The problem often faced is that the NHS benefits from the savings, but local authority social care budgets do not, making a strong case for a transfer of funding from the NHS budgets to social care or for closer joint working locally between the two in order to overcome this barrier.

There are several projects around Wales which provide a range of different services. Sound evaluations should start to identify learning for use around Wales. The Welsh Government has provided £9m of Invest to Save funding for the Gwent Frailty Project over a three-year period. The project's sustainability is based on its ability to shift resources from acute or institutional care to community based and preventative services that promote independence. Savings should come from:

- reduced admissions to hospital;
- reduced average lengths of stay as a result of operating the 'pull system';
- reduced delayed transfers of care through facilitated supported discharge;
- reduced longer-term care packages through the enabling approach;
- reduced admission to care homes.

The Age Cymru Swansea Bay Hospital Discharge Service is a free service for up to six weeks post-discharge. Through a team of trained staff and volunteers (including qualified nurses, a social worker, a welfare benefits officer and trained staff and volunteers), the service helps people get back on their feet. It ensures people can be discharged on time, into a safe home environment, thus making the transition from hospital to home seamless and stress-free. Feedback from service users includes: "*Without the help I would not have been able to recover from my hip replacement as quickly as I have*", and "*It gave me a change to get my strength back after a long stay in hospital*".

Welsh Reablement Alliance recommended principles

Given the benefits of reablement provision outlined above, the WRA have identified five key principles which need to underpin effective reablement services in Wales:

1) Enablement and reablement should be the starting point for all interventions.
2) Reablement improves ability. It must include physical, social, environmental emotional factors to ensure a person's wellbeing and independence.
3) Reablement and rehabilitation are a seamless continuum. Service users should not see boundaries. Easy, direct access to targeted reablement services will help people maintain their skills in the long term.
4) Reablement requires good quality assessment. This is vital to establish the specific goals of the service user and must
    a. focus on enabling and empowering outcomes
    b. be done in partnership with the individual and their family
    c. determine the content of the reablement service.

5) Reablement Services require
    a. The active participation of the service user and their family
    b. A workforce with an ethos of 'working with' people, rather than 'doing to'
    c. Integration and collaborative working between health, housing and social services.
    d. Appropriate collaboration with services provided by the third and private sector
    e. Adequate funding to deliver sustainable outcomes
    f. Strong leadership of commissioning and delivery.
    g. A focus on prevention and early intervention in order to avert possible crises.
    h. Evaluation which incorporates both social and financial service outcomes.
    i. Training for staff, information and support for families and carers.

In order to fulfil this ambition, we have identified five tangible measures which the Welsh Government could take, as follows:

1) Reablement services should adopt the guiding principles set out above.
2) There must be a commitment to statutory funding, in recognition of the fact that properly funded reablement saves money in the long-term.
3) There needs to be recognition that although reablement services may involve low level interventions, these are critical to the people who receive them. This should be reflected in how local authorities apply social care eligibility criteria.
4) There must be coherent and equitable access across Wales.
5) There should be a framework for the delivery of reablement services, and this should include a whole-person approach.
6) Make signposting to reablement services part of the 50+ health checks where appropriate

We would be more than willing to expand on any of these points when the Committee holds its oral evidence sessions in the spring of 2012. If you would like any further information, please do not hesitate to contact us.

Yours faithfully,

Dr. Ed Bridges
Chair, Welsh Reablement Alliance
07714 898531 / ed.bridges@wrvs.org.uk

Ruth Crowder
Vice-Chair, Welsh Reablement Alliance
(029) 2076 2834 / Ruth.Crowder@cot.co.uk

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