Argyll and Bute Community Planning Partnership
[Helensburgh and Lomond Area Community Planning Group

May 2016

Agenda Item [*for office use*]

Reablement

Summary
This report highlights the work happening in the Helensburgh and Lomond area for Reablement. Reablement is not a new concept, but there has been increased drive to push this forward across Argyll and Bute. The main emphasis is to promote independence and ensure care providers take a more "hands off" approach, enabling people to achieve their potential in the community. This also ensures appropriate use of social care, ensuring good use of the budgets, whilst enhancing people's quality of life. Work is needed to further enhance the model of care ensuring reablement is everyone's business.

1. Purpose

The purpose of this report is to inform Area Community Planning Group members about the progress of reablement work which is underway within the Helensburgh and Lomond area.

2. Recommendations

- To help drive the reablement agenda widely to ensure reablement is everyone's business.
- To ensure funding of reablement care packages is considered from a multi-disciplinary approach. We may need to invest money to save money.
- To help set up local reablement meetings, which are essential to driving this agenda forward. Key people are needed to take responsibility for change and progress.
- Joint working across all sectors is vital and communication is key.
- Better systems of communication are essential for reablement to work. For example, social work teams and health teams, although integrated, are still using different patient recording systems, which causes confusion, duplication of work and is more time consuming for all involved. This must be something that is actioned quickly and swiftly to ensure continued success of reablement and the

general health and social care work in the community.

- Reablement training and embedding a reablement approach to all areas of care where possible is essential from day 1.
- Work is needed to ensure Argyll and Bute are working in line with other areas in Scotland and nationally. There is some excellent work and processes elsewhere which we need to tap into and share, for example the reablement SVQ module in Dumfries and Galloway.
- The reablement pathway needs to be shared widely so everyone is clear on this and working towards it.
- Admin support is required locally to ensure efficiency of the reablement service and freeing up the Occupational Therapist and support worker to see more people and move forwards with more joint working with the independent sector. Too much time is spent on administration. Tasks include: recording all referrals on a monthly spreadsheet, recording outcomes measures, collation of outcomes across A&B, organising training dates and paperwork, printing and co-ordinating relevant paperwork such as reablement leaflets, and other paperwork. Spending time doing these tasks means less people are seen in the community.
- To secure long term funding for the reablement agenda. Currently funding is temporary. It is felt this should be permanent as the reablement approach will save money and free up care, and mostly importantly will enhance people's quality of life in the community.
- Ways to ensure involvement and input from the independent sector is key. Innovative ways to do this should be brought forward.
- Streamlining the reablement intervention for people coming out of hospital working in conjunction with discharge team is required. Work with our colleagues in the local Glasgow hospitals is key.
- Further resources to carry out assessment and treatment of people in the community is required to embed reablement further. Items such as a kit used for reablement training, resources to promote rehabilitation in the community for people with who have had a stroke, such as upper limb resources. This would benefit the rest of the Extended Community Care Teams too.

3. Background

Prior to May 2015, there was no existing Reablement service in Argyll and Bute. Although Reablement is not a new concept, the approach had not been formally launched. In this area, Lucie Johnson the Occuaptional Therapist for Reablement has been

working closely with the independent sector to try and drive this approach forward. Reablement is an approach which sits very closely to the core philosophies and practice of Occupational Therapy.

The reablement service in Helensburgh and Lomond differs to that across the rest of Argyll and Bute. Helensburgh does not have it's own hospital or in-house carers as such to provide care in the community. Provision of care in the community usually falls to the independent provider. This means, joint working across all sectors is vital and communication is key.

Since May 2015, 116 people have been referred for reablement. Although not everyone has been appropriate, there have been some real success stories.
Care packages have been reduced (and money saved), people have achieved their goals and reintegrated into their local communities, and close links are forming across the third and voluntary sectors.

4. Detail

The main emphasis of reablement is to promote independence and ensure care providers take a more "hands off" approach, enabling people to achieve their potential in the community. This also ensures appropriate use of social care, ensuring good use of the budgets, whilst enhancing people's quality of life.

When ensuring a reablement approach, people may require longer with a carer to ensure they can independently manage tasks, rather than the carer "do it for them". This will be closely assessed by the team. It is important social care managers and people with control of the budgets realise we may need to spend money to save money.

Goal setting is key to reablement working. Individual goal plans are discussed with each relevant person and shared with the client, family and the carers.
Key factors for consideration include:

- Raising awareness of reablement agenda widely to ensure reablement is everyone's business.
- To ensure funding of reablement care packages is considered from a multi-disciplinary approach. We may need to invest money to save money.
- To help set up local reablement meetings, which are essential to driving this agenda forward. Key people are needed to take responsibility for change and progress.
- Joint working across all sectors is vital and communication is key.
- Better systems of communication are essential for

reablement to work. For example, social work teams and health teams, although integrated, are still using different patient recording systems, which causes confusion, duplication of work and is more time consuming for all involved. This must be something that is actioned quickly and swiftly to ensure continued success of reablement and the general health and social care work in the community.

- Reablement training and embedding a reablement approach to all areas of care where possible is essential from day 1.
- The reablement pathway needs to be shared widely so everyone is clear on this and working towards it.
- Admin support is required locally to ensure efficiency of the reablement service and freeing up the Occupational Therapist and support worker to see more people and move forwards with more joint working with the independent sector. Too much time is spent on administration. Tasks include: recording all referrals on a monthly spreadsheet, recording outcomes measures, collation of outcomes across A&B, organising training dates and paperwork, printing and co-ordinating relevant paperwork such as reablement leaflets, and other paperwork. Spending time doing these tasks means less people are seen in the community.
- To secure long term funding for the reablement agenda. Currently funding is temporary. It is felt this should be permanent as the reablement approach will save money and free up care, and mostly importantly will enhance people's quality of life in the community.
- Ways to ensure involvement and input from the independent sector is key. Innovative ways to do this should be brought forward.
- Streamlining the reablement intervention for people coming out of hospital working in conjunction with discharge team is required. Work with our colleagues in the local Glasgow hospitals is key.

Further resources to carry out assessment and treatment of people in the community is required to embed reablement further. Items such as a kit used for reablement training, resources to promote rehabilitation in the community for people with who have had a stroke, such as upper limb resources. This would benefit the rest of the Extended Community Care Teams too.

5. Conclusions

Reablement should be everyone's business. This is a new approach to care for the independent providers, and so it is key to ensure there is a joint up approach to this.

Reablement where appropriate will help to ensure that people are supported to live active,healthier and independent lives.

Staff such as Occupational Therapists, Physiotherapists, Nurses support staff and the third sector are key to working alongside their social care colleagues to providing care and support needed to people in their communities.
Case studies are a good way of showcasing the ethos and outcomes of reablement intervention.

6. 0 SOA Outcomes

Which outcomes of the SOA does this report relate to?
SOA 5 People Live Active,Healthier and Independent Lives

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