

Public views on reablement services in B&NES

Engagement summary

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This summary provides an overview of feedback shared by the public on reablement services in Bath and North East Somerset (B&NES).

What we are planning to do

The Council and CCG are reviewing the way reablement services are delivered in B&NES, working with those who provide services to identify new ways of working and improvements that could be made.

Reablement services maximise independence, and support your ability to manage daily living activities and other practical tasks, usually for a short, fixed amount of weeks. Reablement encourages people who use services to develop the confidence and skills to carry out these activities themselves and to continue living at home.

In B&NES, reablement services are provided by Virgin Care, with some additional support provided by local care agencies (Care Watch, Care South and Somerset Care), who have separate staff specifically to provide reablement support.

Reablement is a service with great influence on people's lives and independence, and it is important that we listen to people who use the service, to help us decide how it might work even better in future.

How we have engaged with the public

From December 2018 to February 2019, we held some detailed interviews with people who use/have used reablement services in B&NES, and those who care for and support them, to find out what they think about the services.

We held in-depth interviews with 10 people across Bath, Keynsham and Midsomer Norton, who had accessed reablement for a range of reasons:

- Some were coming home from hospital and were receiving reablement support (known as **Home First**).
- Some were receiving reablement to try to prevent an admission to hospital (known as **Admission Avoidance**).
- Others received some therapy or help which was to support them more generally, and perhaps longer-term and this is referred to as **'Planned'**. **'Planned'** can also mean people who do not have a 'health' issue but need some help to regain daily living skills.

Findings

What is reablement?

We asked people who we visited **what the term reablement meant to them**:

- Most of the people we spoke to described reablement as **“a bit of support”** and help to **“get back on your feet”**, or to **“show me what I can do to help myself”**.
- **However, some people said they weren't sure what the word meant**, or that they hadn't been until they received the service.
- For some, the term reablement was clear, but they **did not understand what was meant by the terms 'Admission Avoidance', 'Home First' or 'Planned'**.

These terms are used by the Council, Clinical Commissioning Group and Virgin Care to help describe what kinds of support people are getting (please see definitions above). However, whilst these terms are helpful to us to describe the service, it can be seen that people can be more complex, and may actually cross over different pathway types. For example:

- One person had returned home from hospital without any help and later needed support, which they felt would have been better provided at the point they came out of hospital.
- Another person had been in and out of hospital for various reasons and their GP had asked for some help to support them at home. Again, they had been described as 'Admission Avoidance', but did not know themselves what that meant.
- Therefore, some people we spoke to had been recorded as needing reablement support to prevent an admission to hospital (Admission

Avoidance), but could arguably have been recorded as coming home from hospital receiving some reablement support (Home First). This might be, for example, because they had been referred in order to avoid a potential *readmission* to hospital. The definitions we use are based on the stage of the person's journey, and the support they receive could look very similar.

Most people were clear that reablement was not a long-term service, and many referred to it lasting for a maximum of 6 weeks:

- Several people distinguished between long-term care and reablement as a one-off cost. They said they knew if they wanted anything longer-term, this would be a service that might need to be paid for.
- One person talked about the difference between care and reablement as being more about the nature of the support, pointing out that reablement **“didn't do things for me”**.

Who provides the reablement service

Some people had seen both Virgin Care team members and another provider of reablement services. In most cases, **people were not clear who someone worked for, or that different workers might come from different organisations**.

Some were not aware of what kind of support they were getting, thinking initially that the team that arrived were district nurses from their GP practice.

Another person was unclear why they saw people from different organisations.

Did you set goals for your reablement?

We asked people:

- **If they got to have a say what their reablement was aiming to achieve.**
- **If they were able to identify what their needs and goals were.**

Responses were mixed:

- A common theme was that **people wanted to regain mobility and independence**, and **increased confidence** in doing these things. People described interim goals such as being able to move without holding on to something, or being able to use their own toilet instead of a commode.
- Some people described having conversations in which they were able to set out the kinds of things they wanted to be able to achieve. People described **specific goals** such as: wanting to get out into their garden; being able to

walk to the local shop; walking a little further each day; returning to social activities, meeting friends and going out to dances.

- Some people felt that the **professionals had steered the agenda a little** around what they would work on, but were happy they had done that. However, others clearly described talking about what they wanted to do, and a **plan being built based on their aspirations and priorities**.
- Some people did not remember if they had discussed their goals.

Did you get out of reablement what you thought you would?

Everyone we interviewed was complimentary about the service they received, and were happy that they had achieved what they had hoped to.

One person noted **“It was about giving me the confidence I needed to get back on my feet again”**.

Were your family and carers involved?

Most people agreed that, where they had family locally, and they wanted them to be involved, they had been.

Did the reablement team get to know you?

- It was clear from people’s responses that **getting to know their reablement team, and the team getting to know them**, was particularly important.
- People were most complimentary about the service when they felt someone had been **particularly kind, or had more time to chat, encourage or support them**. People described team members who got to know them and their interests, or shared a joke, and this was highly valued.
- People noticed **the difference between those they felt had time to interact, and those who did not**. Several people talked about the time workers had to take in writing up notes, or feeling that they didn’t have time to chat.
- A lot of the people we spoke to singled out one person in particular who had stood out to them, and this seems to demonstrate the **importance of building relationships in the service**.
- The **importance of social contact** was particularly significant for people who were often restricted to staying in their own homes:

one person was particularly pleased that the team “**brought the outside world in with them**”.

Did you have a lot of different team members in the house?

Experiences varied across the people we interviewed:

- Several people talked about having a team of around four people visiting them.
- Most people identified an occupational therapist or a physiotherapist as separate from the support workers, although few knew if the support workers had been from Virgin Care or a local care agency.
- Those people whose reablement had been categorised as ‘planned’ had seen only one or two people, who were therapists.

Keeping notes

We talked to people about reablement staff starting to take notes while they are in people’s homes using phones, tablets or laptops:

- Very few people had experienced this, but those who had, or those who commented on how it would have made them feel, did not think it was a problem.
- A more common observation, as noted above, was about the time spent on making notes generally, rather than the way in which they were taken/kept.
- Several people also said they didn’t know what was being written in the notes, and had not looked at them, although the notes are kept in the person’s home.

Use of Equipment and Assistive Technology

- Only one of the people we spoke to was aware of having used assistive technology, and shared a positive experience of using a ‘My Ethel’ device. They told us that: their reablement worker thought they wouldn’t use it, but they had got used to it and would now be willing to try other devices if there was a need/opportunity.

Most people had **mixed feelings about assistive technology**:

- Some said they didn’t think they would be interested.

- Although several people had fall alarms, they still felt other technologies were unnecessary.
- One person noted that it couldn't replace human interaction, and another shared that they had really valued the personal contact the service gave them.
- Some people were more open to the idea.

What difference did reablement make? What was important about it?

When we talked to people about the difference reablement had made for them, people were very complimentary about the service:

- Many spoke of the **confidence it gave them to start doing things for themselves again**, and that the encouragement to believe they could do it was vital.
- One person also spoke of the **reassurance it gave to family members**, who knew that they were being given support.
- People spoke of an **improvement in their quality of life**, both in the short-term, in that it "**was a nice start to the day**", but also in the long-term.
- People said **relatively straightforward things made a big difference**, and several shared that having an extra handrail fitted enabled them to move about more independently.
- Several people talked about the **importance of being able to stay in their own home**, and that reablement helped them achieve that.

Longer-term help

Many of the people we interviewed told us that, **after reablement, they could continue living independently without any extra support or care.**

One person that did need longer-term care had it put in place, and believed the reablement team had done that. For some, the longer-term support was about signposting them to other social activities they could join.

Several people said that they knew if they needed longer-term help they might need to pay for this.

A few people said they were very actively involved in planning when their reablement support should be reduced or stop entirely:

- One person worked with the reablement team early on to reduce their support, as it was mutually agreed the amount of visits weren't necessary.
- Several people talked about reaching a mutual decision with the service about when their support should stop.
- Some people talked about other people needing the service more than them.

Conclusions

Key points for consideration:

- It would be helpful to **explain more clearly to people:**
 - **what reablement is;**
 - **who provides reablement services** (the different organisations);
 - **who they might see** (the different professionals) and why.

This information could be provided in a leaflet co-produced with people who use the service, perhaps sharing patient stories as examples of how reablement services work.

- **People do not particularly see the value of assistive technology in reablement**, although the person who had tried it would use it again.
- **People seem to most strongly value the social element of the service**, and enjoy forming bonds with staff and being seen as individuals with interests, a sense of humour, and their own goals.
- **Not everyone was clear why notes were being taken or why people had to spend time doing this.** It might be helpful to include this in an introductory leaflet.
- **Setting goals was important for many people**, and it seems to have been particularly helpful when these were very specific to the person and their life e.g. getting out in the garden, walking to the bus-stop etc. **It is recommended that having specific outcomes measures in place would help to demonstrate the success of reablement.**
- Overall, **people are highly complimentary about reablement services in B&NES**, which they say provide a great deal of confidence and support. **People value the staff they see**, and want to single people out for praise.

Several people mentioned completing surveys when they finish the service, and it would be good to share positive feedback (and any learning opportunities) more widely on a regular basis, including with commissioners.

- Carrying out these interviews allowed us to talk to people in a lot more detail, and get a greater depth of feedback. **It is recommended that collecting patient stories, or doing interviews, should be incorporated into service performance indicators, as a means to measure the patient experience.**

Next Steps

Talking to people who have used reablement services in B&NES is helping us to develop our plans for what these services should look like in future.

Here are the next steps for the review:

Agree preferred option for how services will be delivered in B&NES in future.	End of June 2019
Public engagement on any proposed changes if needed	July to August 2019
Final agreement on how reablement services will be delivered and who by.	September 2019
Make changes to reablement services.	By January 2020

How can you get involved?

Once we have agreed on our preferred option for how services will be delivered in future, we will share this with people who use services and the public to check if we have got things right, and to ask for your views and feedback.

We will provide a range of ways to get involved and tell us what you think, whether in person, via our website, over the phone or via email or post.