Prevention services in adult social care: reablement

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Disclaimer

This presentation is based on independent research commissioned and funded by the NIHR School for Social Care Research. The views expressed are those of the authors and not necessarily those of the NIHR School for Social Care Research or the Department of Health, NIHR or NHS.
What did we hope to achieve?

- To understand what prevention services local authorities invest in
- To gather ‘practice-based’ evidence from local authorities of the impact of these services
- To combine ‘practice-based evidence’ with that of formal research studies to strengthen current knowledge
Phase 1 – local practice evidence

Survey of DASS’s in West Midlands

‘Top 3’ local prevention interventions & leads

Interview with lead 1
Interview with lead 2
Interview with lead 3

What interventions do they invest in?
What evidence/other factors informed this?
What evidence is gathered regarding effectiveness?
Phase 2 – formal review of ‘Top 3’

Formal literature reviews of ‘Top 3’ interventions in region

Synthesise this evidence with local ‘practice evidence’

What is evidence on cost-effectiveness, user outcomes and sustainability?
<table>
<thead>
<tr>
<th>Prevention Intervention</th>
<th>Number of Authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reablement</td>
<td>9</td>
</tr>
<tr>
<td>Telecare &amp; Telehealth</td>
<td>4</td>
</tr>
<tr>
<td>Information &amp; Advice</td>
<td>3</td>
</tr>
<tr>
<td>Aids, Adaptations and Equipment</td>
<td>2</td>
</tr>
<tr>
<td>Interventions chosen by 1 area</td>
<td>Health promotion through exercise and volunteering</td>
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<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Falls Prevention</td>
<td>Dementia Cafes</td>
</tr>
<tr>
<td>Community social work approach</td>
<td>Extra care sheltered housing</td>
</tr>
<tr>
<td>Help with housework</td>
<td>Befriending</td>
</tr>
<tr>
<td>Sensory impairment team</td>
<td>Post-discharge housing support</td>
</tr>
</tbody>
</table>
PARTNERS

HEALTH

PRIVATE SECTOR

THIRD SECTOR

HOUSING & OTHER STAT AGENCIES
Extension to research

- All of interviewees were employed by LA as either in-house providers / commissioners
- Advisory group were from third sector and had a different perspectives
- Much of the data was thought to be held by providers
- Follow up with sample of Third Sector Organisations
<table>
<thead>
<tr>
<th><strong>Initial models</strong></th>
<th><strong>Emerging</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Focused on a particular transition</td>
<td>Act as the ‘entry’ point to all adult services</td>
</tr>
<tr>
<td>Older people only</td>
<td>Open to all adult user groups</td>
</tr>
<tr>
<td>In house home care &amp; OTs</td>
<td>Range of therapies &amp; nursing Independent Sector</td>
</tr>
<tr>
<td>LA funding only</td>
<td>Contribution from health</td>
</tr>
<tr>
<td>Social work referrals only</td>
<td>Multi-professional pathways / open access</td>
</tr>
</tbody>
</table>
Other variations…

- Reablement service incorporated all of the in-house provision for adults
- Provided low level housing support, adaptations and home improvement
- Specialist services focused on particular condition or need (e.g. mental health, sensory impairment)

‘Reablement as an underpinning philosophy’
Measuring reablement outcomes

- Strategic Outcomes
- User Outcomes
- Reviewing progress
- service level (actual /RAS)
- Perf Reports
- Exit review
Areas for development

- Individual outcomes / service up take post-reablement
- Personal outcomes tend to get ‘lost’ in the reporting process
- Integrating reablement data systems with core user records
- Reporting not becoming an ‘industry’
Co-production with older people and carers

LEVEL 1: COMPLIANCE

LEVEL 2: RECOGNITION

LEVEL 3: TRANSFORMATION
Co-production within prevention

LEVEL 3: few examples

LEVEL 2: setting personal outcomes, initial consultation, steering groups & procurement

LEVEL 1: Community facing interventions would only be accessed if older person choose – hospital facing ones (e.g. reablement) less choice
Future plans

- Integration with other health & social care services (e.g. intermediary care, )
- Reablement service taking on an ‘assessment’ function
- Externalisation of the service and/or enabling people to purchase reablement service
Summary of research reviews

- Reablement
- Telecare
- Information and advice

- Summary research evidence in these areas
  - Volume of literature
  - Messages from literature
  - Gaps in literature
Review approach

- Empirical data or structured review
- Data on outcomes
- UK

- Search terms: Reablement, older people & outcomes
- 10 databases
## Reablement review

<table>
<thead>
<tr>
<th>What research?</th>
<th>What messages?</th>
<th>What problems/gaps?</th>
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</thead>
<tbody>
<tr>
<td>9 documents:</td>
<td>• Improves outcomes and is cost-effective over time</td>
<td>• Much repetition of data from key studies</td>
</tr>
<tr>
<td>• Local evaluations of pilot schemes</td>
<td>• Large upfront costs</td>
<td>• 4 of 9 studies produced or commissioned by CSED, national promoter of reablement</td>
</tr>
<tr>
<td>• Practical data from case study sites</td>
<td>• More expensive than traditional home care</td>
<td>• Volume of research limited</td>
</tr>
<tr>
<td>• (Few) Formal multi-site research studies</td>
<td>• Leads to reduced service use</td>
<td>• Long-term studies very limited</td>
</tr>
<tr>
<td></td>
<td>• Leads to better individual outcomes, increased quality of life</td>
<td>• Little focus on variety of user target/sub groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Missing cost impact for carers</td>
</tr>
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</table>
Reablement: What research?

9 documents:

Local evaluations of pilot schemes

Practical data from case study sites

(Few) Formal multi-site research studies
Key messages

- Improves outcomes and is cost-effective over time
- Large upfront costs
- More expensive than traditional home care
- Leads to reduced service use
- Leads to better individual outcomes, increased quality of life
Problems and gaps

• Much repetition of data from key studies
• 4 of 9 studies commissioned by CSED, national promoter of reablement
• Volume of research limited
• Long-term studies very limited
• Little focus on variety of user target/sub groups
• Missing cost impact for carers
## Telecare review

<table>
<thead>
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<th>What research?</th>
<th>What messages?</th>
<th>What problems/gaps?</th>
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</thead>
<tbody>
<tr>
<td>12 documents:</td>
<td></td>
<td>• Ambiguity of ‘telecare’ Studies incorporate different types of technology, not always comparable</td>
</tr>
<tr>
<td>• 6 x local evaluations,</td>
<td>• Reduced stress and care hours for carers</td>
<td>• Little focus on user target/subgroups</td>
</tr>
<tr>
<td>audits or case studies</td>
<td>• Should not substitute human contact</td>
<td>• Little on economic impact for carers</td>
</tr>
<tr>
<td>• 5 x studies on stakeholder</td>
<td>• High user satisfaction</td>
<td>• Little research from professional/service provider perspective</td>
</tr>
<tr>
<td>views and impact</td>
<td>• Greater user choice and consumer voice</td>
<td>• More definitive and detailed results around cost-effectiveness required</td>
</tr>
<tr>
<td>• 1 x headline messages from</td>
<td>• Significant savings and reduced home care service use in local case studies</td>
<td></td>
</tr>
<tr>
<td>telehealth RCT</td>
<td>• Complexity of target groups, funders and providers slows progress</td>
<td></td>
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## Information and advice review

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<th>What research?</th>
<th>What messages?</th>
<th>What problems/gaps?</th>
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<tr>
<td>29 documents:</td>
<td>• I&amp;A enhances user well-being through increased control and choice</td>
<td>• Research is piecemeal across different services and less visible than other national initiatives</td>
</tr>
<tr>
<td>• 3 falls prevention</td>
<td>• Highly valued by older people</td>
<td>• Limited research on developing outcomes</td>
</tr>
<tr>
<td>• 8 welfare benefits</td>
<td>• Information is poorly co-ordinated between agencies</td>
<td></td>
</tr>
<tr>
<td>• 18 general</td>
<td>• Access issues for BME groups</td>
<td></td>
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<td>----------------</td>
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<td>-------------------</td>
</tr>
<tr>
<td>• 10 multisite research involving outcomes</td>
<td>• Lack of local strategic plans for I&amp;A, varied provision</td>
<td></td>
</tr>
<tr>
<td>• 10 local case studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 7 national studies, surveys, evaluations</td>
<td></td>
<td></td>
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<tr>
<td>• 1 RCT</td>
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The state of the evidence

- Similarities between reablement and telecare compared to I&A services
- Reablement and telecare less evidence, but coherent evaluation with positive messages
- I&A more research, spread out across different services
Review summary points

- Positive outcomes reported in review findings
- Relative lack of evidence for reablement and telecare
- Gaps in research related to the complexity of prevention and social care
Contact…

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