Health and Social Care Overview and Scrutiny Committee

Review of In-House Enablement Service

Advice Note on Recent Research Findings

Introduction

This advice note provides a summary of recent papers produced by the Institute for Public Care at Oxford Brookes University, co-authored by Professor John Bolton, well-respected researcher and authority on "enablement" services and, more broadly, the potential for Adult Social Care to reduce needs for long-term care by supporting people in a way which helps them maintain (and if needed regain) independence. It is based on his work around the country working with a range of different councils.

"*New Developments in Adult Social Care*" (January 2019)

https://ipc.brookes.ac.uk/publications/new-developments-adult-social-care.html

This builds on a previous publication – *"Six Steps to Managing Demand in Adult Social Care"* (March 2017)

https://ipc.brookes.ac.uk/publications/Six_Steps_to_Managing_Demand_in_Adult_Social_Care_Exec_Summary.pdf

This paper summarises the main points from these reports and draws some implications for the current review.

Summary and Implications

The challenges facing Adult Social Care – both from changing demography and from changing expectations from local people (and as a Care Act requirement) - increasingly require responses that avoid the need for people to come into the formal care "system" by building on their own and their family assets and providing community connections that support them to lead the lives they want.

Even for those eligible for more formal care and support the aim should be to promote people's independence to enable them to lead the life they want.

Hence "promoting independence" needs to be an underlying philosophy to all services rather than a discrete service.

At the same time it's helpful to understand how "promoting independence" best works for people in different situations and to have a typology of support to reflect this.

This helps to reduce demand and make best use of resources, but should primarily be seen as a way of delivering better lives for local people.

Birmingham City Council (with its partners) is already developing a service model that embraces these themes.

The in-house Enablement service has great potential to support this approach utilising the skills and experience of staff.

At the same time staff will need to be supported to develop new approaches that support flexible and personalised approaches to individual situations.

The main points from the 3 papers are as follows:

New Developments in Adult Social Care (2019)

This looks at a coherent model for provision of Adult Social Care Services as a whole but builds this around transferable principles that centre on 3 areas of practice:

- Asset-based or Strengths-based Practice
- Promoting Independence
- Outcome-based Commissioning

With Regard to the current review of the Enablement Service, the key points to emerge from the report are as follows:

1. There needs to be several years of commitment to an identified and clear approach to social care.
2. Best accompanied by a freedom for staff to explore new ways of working within the context offered by senior management.
3. Strengths-based or asset-based approaches to assessment work best where there is a history and commitment to investment in community capacity.
4. Even those councils delivering good asset-based approaches to assessment needed to focus more on short-term support to promote independence.
5. It presents a typology for the range of services that are aimed at "Promoting Independence"
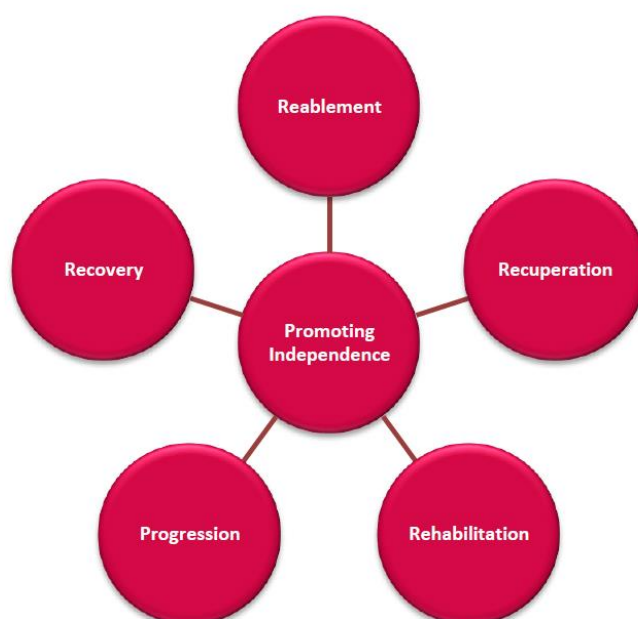
6. Reablement, Recuperation and Rehabilitation cover support that most typically be associated with post-hospital support.
7. The "progression model" operates for everyone with a long-term condition including a learning disability. It should be based around a range of help that will enable the service user to live a more independent life and to progress from one level of dependence to a level of greater independence. A person with lower levels of needs might be assisted in a way that they require much less (or no) formal support from the care system. This approach very much lends itself to people who are living in the community but have become dependent on formal care.
8. The recovery model is very much focussed on people with a mental health problem and how they can be assisted to self-manage their condition with support from peers.
9. The Promoting Independence model has not seriously been developed fully in many councils'.
10. The paper develops principle for a more outcomes-based approach to service delivery based around outcomes-based commissioning for contracted domicillary care providers but recommends these as relatable to any service ie it's the outcome-focus that's important not who provides the service.
11. In designing a "promoting independence model" that is right for your locality, you would want to ensure that the investment of such a model is likely to deliver positive outcomes and a financial return.

Six Steps to Managing Demand in Adult Social Care

Key points:

1. The demands from the acute sector can dominate the overall demands on social care if this is not well managed. It is important though that people who are referred through the community are given the same range of short-term support as those who may have been referred from the hospital.
2. There may be a better solution for about 50% of older people who are in receipt of lower levels of domiciliary care. For example, if an older person is socially isolated there are better ways of tackling the isolation through helping people link into their communities; resolve difference with their families or through volunteers / volunteering.
3. In essence, it is important that the principles of "promoting independence" or "the progression model" are used for the way in which all people within the care system are offered long-term assistance.
4. For those with challenging behaviours they may need psychological help to manage their behaviours.
5. For those who have become dependent on institutional care they may be assisted to move to independent living.

6. For those in independent living they may learn more skills to maximise their opportunities with the likely outcome that they will need less direct care and support.
7. Those with disabilities support to help gain skills of greater independence should always be the desired outcome.
8. Older people, where appropriate, should be encouraged to take exercise, manage their diet, including moderating their intake of alcohol, and look after their well-being.
9. For some they will need much more support e.g. those people living with dementia. This cohort can be assisted to live with their disease/condition.
10. For many (staff) this requires both a significant cultural change and a new skill set. Staff will need to learn how their care can lead people to greater dependency and how they can manage risk to assist people move towards greater independence. At the same time they will need to understand each specific condition and the best way of assisting the person as an individual. One of the reasons why demand has not been as well managed in Councils as it should have been is because insufficient attention has been paid to the training and development of staff to deliver the agenda.

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Local Government Association