DUNDEE CITY COUNCIL

REPORT TO: **SOCIAL WORK AND HEALTH COMMITTEE - 24TH JANUARY 2011**

REPORT ON: **HOME CARE ENABLEMENT**

REPORT BY: **DIRECTOR OF SOCIAL WORK**

REPORT NO: **28 - 2011**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Committee of the progress that has been made with regard to the enablement approach to delivering home care services.

2.0 RECOMMENDATIONS

It is recommended that the Social Work and Health Committee:-

2.1 endorse the measures being adopted to improve the level of independence of service users, and to increase the efficiency of the home care service;

2.2 note the report regarding the full evaluation of the enablement approach to home care (appendix 1)

2.3 note the future possible development of the enablement service in relation to the 'Virtual Wards' and 'Integrated Resource Framework' initiatives.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no additional finances required.

3.2 It is expected that any financial saving will be re-invested back into front line home care services in order to continue to expand the enablement approach across home care.

4.0 MAIN TEXT

4.1 Background to the Introduction of Enablement

The enablement approach to home care, was proposed in Committee report number 529/2009. Committee report number 355/2010, gave a progress report on the pilot study. The proposals set out in the committee reports were that:

Dundee CHP Allied Health Professional staff would work in collaboration to adopt an enablement approach to home care;

Two enablement teams be set up, one in each half of the city. The service would concentrate on new service users who were entering the support service for the first time, either through the intake team, or via the hospital based discharge teams.

The objectives of the enablement service are:

- To maximise service user's long term independence, choice and quality of life: and
- To appropriately minimise ongoing support required, and thereby, minimise the whole-life cost of care

There was already a body of evidence which demonstrated the success of home care enablement, both in terms of significant benefits to service users in terms of improving their levels of independence, and in the appropriate reduction in the number of care hours required, as referenced in Committee Report No 529/2009.

In light of the evidence available, the objective of Dundee City's enablement pilot was not necessarily to demonstrate that enablement was successful, but to ascertain how best to implement such an approach across Dundee City.

Further research is now available, which summarises a longitudinal study, which was carried out by The University of York and University of Kent, and was commissioned by the Department of Health, Care Services Efficiency Delivery. This final report was published in November 2010[1], and the report studied the effectiveness of the Enablement approach in 10 Local Authorities across England.

4.2 **Brief Summary of the findings of the Enablement Approach**

The enablement approach in Dundee has been in operation for approx 12 months. A full evaluation of the pilot is attached (appendix 1).

Some of the main findings of the enablement pilot are that:

- A sample group of 22 people were used. The average number of hours of ongoing service required at the end of the enablement process for the sample group was 7hrs per week, compared to the control group who did not have the enablement service, and whose average hours was 9.25 hrs per week. For this sample of 22 people, this equates to a saving of 50 care hours per week.
- Service user show a high level of satisfaction with the service
- Anecdotally (this is difficult to prove conclusively) the enablement service has reduced the waiting times for patients being discharged from hospital
- The enablement approach is effective in meeting the objectives set.

4.3 **Increased capacity of the Service**

During the period of the pilot study it became apparent that benefits could be made in terms of increasing the capacity of the service, if the enablement teams were to be amalgamated with the Intensive Care at Home/Early Supported Discharge teams who were already operating in the city. This amalgamation of the teams was completed in September 2010, which has increased the numbers of teams from two teams, one in each half of the city, to seven teams based across the city. The teams now provide a full enablement and rehabilitation service.

The enablement service now has the capacity to accept referrals from all areas of the city, and from the hospital teams and community teams, ensuring that there is equity between service users being discharged from hospital and those based in the community who require the service.

4.4 **Collaboration**

There are many models of enablement services throughout Scotland, and it would appear that Dundee goes further than most other Scottish authorities in terms of the level of collaboration with health. The Dundee model is that of collaboration between health and social care with the hospital social work team, AHPs (in hospital and community), the home care enablement staff, and the social work Occupational Therapy service. In the CSEF Longitudinal Study[1], there was evidence to suggest that services organised in partnership with the NHS gave enablement services better access to a range of professional skills. What is important is that there is adequate and rapid access to Occupational Therapists and other specialists, rather than having those professionals embedded in the enablement teams. The pilot demonstrated that accessing the health occupational and physiotherapy service could be challenging due to the level of demand required. However, health are

currently shifting the balance of physiotherapy and occupational therapy services from hospital based services to community based services which will enhance the level of service to the enablement teams.

4.5 **Further Re-modelling of Enablement**

There are two further developments which may impact upon the future modelling of enablement. The first being the introduction of the NHS 'virtual wards' pilot which is currently being carried out in the east of the city. The initiative aims to identify individuals who are at risk of requiring a hospital admission, and to take a multi-agency team approach, in order to provide preventative services, such as enablement, to reduce hospital admissions. The pilot will identify the impact on the enablement teams.

The second is the development of the Integrated Resource Framework, which could have a significant impact upon the preferred enablement model. Dundee is currently a test site for the IRF. The aim is to have integrated care communities across Dundee in order to shift both the balance of care and resources through better use of the 'care pound'. The implication for enablement will not be know until further development work has been done on the IRF.

5.0 POLICY IMPLICATIONS

5.1 This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

5.2 An Equality Impact Assessment has been carried out and will be made available on the Council website http://www.dundeecity.gov.uk/equanddiv/equimpact/.

6.0 CONSULTATIONS

The Chief Executive, Depute Chief Executive (Support Services), Director of Finance and Head of Finance, and the Trade unions have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

Equality Impact Assessment

Alan G Baird DATE: 12th January 2011
Director of Social Work

APPENDIX 1

HOME CARE ENABLEMENT SERVICE

EVALUATION

DECEMBER 2009 - JUNE 2010

Contents

1 Background and Introduction

1.1 Background

Enablement is a time limited intensive care and support service, to support service users in order that they can learn new skills, or re-learn skills that they have lost. This approach maximises the individual's long term independence, choice and quality of life.

An enablement approach to home care has been taken by many English authorities, with some authorities, such as Leicestershire County Council having used this approach for approx 10 years now.

The most recent figures show that 88 out of 150 English Councils are providing an enablement service.[1]

In 2002 Leicestershire Council commissioned the Social Policy and Research Unit of De Montfort University to undertake a retrospective longitudinal study of the Home Care Re-enablement service. [2] The finding demonstrated a 28% reduction in home care hours for those service users who had gone through the group, compared to the control group who had not. It also demonstrated that the benefits of enablement for many people lasted up to and beyond 24 months.

It has been a key policy objective of the Scottish Government to shift the balance of care and allow people to live at home and remain independent for as long as possible. There has also been a call for health and social care services in the community to develop services in order to assist people to achieve this independence.

1.2 Introduction to Enablement in Dundee City

Having taken into account the English experience of enablement, and the available research, a Committee Report no 529/2009 was submitted to The Social Work and Health Committee on 23 November 2009 recommending that they endorse the introduction of an enablement approach to the delivery of home care services across Dundee City Council.

The proposals were that:

- Dundee CHP Allied Health Professional staff work in collaboration to adopt an enablement approach to home care services

The objectives of the enablement service are:

- To maximise service user's long term independence, choice and quality of life: and
- To appropriately minimise ongoing support required, and thereby, minimise the whole-life cost of care.

A six month pilot study was consequently carried out between December 2009 and June 2010. This report summarises the results of the pilot scheme, and evaluates the success in terms of meeting the aims and objectives set.

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[1] Department of Health (Update March 2009) *Homecare Re-Ablement: CCRC Scheme Directory*

[2] CSED *Retrospective Longitudinal Study* (November 2007)

2 Aims and Objectives of the Pilot Study

The aim of the pilot study was to determine the impact of the enablement model of care on service users and other stakeholders, and to examine whether the requirement for ongoing support was minimised. It was also to draw out key learning points and to use this information for the further development of the enablement service.

Some of the specific objectives were to:

- Determine the views of service users and other stakeholders, of the service
- Explore the impact of working in a different way on the home care staff
- Establish if enablement had a significant impact on speed of discharge from hospital
- Demonstrate a comparison between the service users who had completed the enablement service, and those of a trial group of service users who were discharged from hospital during the same period of time during the previous year.
- Draw from the experience in order to inform the implementation of an enablement approach across the whole of home care.

3 The Enablement Service in Dundee City

3.1 Implementation Process

Approval was given by the Dundee City Social Work and Health Committee of 27 November 2009 to introduce an enablement approach to the delivery of home care services, and to pilot this for a six month initial period.

A steering group consisting of the Head of Allied Health Professions, and four Social Work Service Managers from both Older People Services, and Adult Care Services was formed. The role of the group was to drive the implementation of enablement, and to feed into the Operations Group which was established.

The Operations Group consisted of a Service Manager, two enablement organisers, and team managers from the enablement team, hospital social work team, community care and assessment teams, occupational therapy and independent living services. Health was represented by a physiotherapist, and a senior occupational therapist. The role of the Operations Group was to implement and monitor the enablement service, and to feed back to the Steering Group

As there were no additional resources or funding available for the pilot, the enablement teams were created from existing mainstream home care teams. Two mainstream social care teams were identified for enablement. The social care workers in these existing teams were briefed on the new role of the enablement worker, and the workers were given the option of opting out of the enablement teams, or transferring to other mainstream teams. It was felt that it was important only to have staff who felt enthusiastic about this new way of working, rather than staff who had been compelled to working in the teams.

The social care workers and organisers undertook a short introductory course on independent living skills. The training was developed and carried out by Social Work Occupational Therapy staff and the manager of the Dundee Independent Living Centre.

The staff also had experience in shadowing the staff at the hospital rehabilitation team, and received awareness training on the use of Telecare Equipment

A physiotherapist from the NHS was seconded to the enablement team for a period of six months. The physiotherapist provided hands on support and guidance to the staff, and played an important role in producing the enablement plans for service users.

As enablement progressed it was recognised that enablement staff required further training in practical skills, and a further 2 x half day training course was developed and delivered to enablement staff, by the NHS Senior Occupational Therapist, and the physiotherapist who was seconded to the enablement teams.

In order to create the capacity in the enablement teams, a number of existing service users were transferred to other home care teams, or to the independent care providers. This was a lengthy operation and resulted in there being less capacity than had been initially planned.

As the capacity of the service was limited, this influenced the criteria for receiving the service. As most of the ‘new’ business entering into the social work system does so via the hospital wards, it was decided initially to target these new service users, rather than those who were in the community and requiring a service for the first time.

It was hoped that the vast majority of service users would be given the opportunity to achieve their maximum level of independence, and benefit from the skills of the enablement team. However, it was recognised that for a few service users, enablement may not be beneficial. Also, due to the reduced capacity of the teams, a decision was made not to accept service users who required very large and complex packages of care requiring two members of staff to deliver the care. The following de-selection criteria was developed and implemented:

De-selection Criteria

1. Service users who are terminally ill

2. Service users who have dementia, and who are identified as having no capacity to learn new skills. It should be noted that, there will be a large number of service users who are in the early stages of dementia who will have the potential to be enabled, and it will be up to the case holder to make this decision.

3. Service users who have Motor Neurone Disease

4. Service users who have complex moving and handling requirements, i.e. those who require to use hoists, and who have a large complex package of care requiring two members of staff.

3.2 Dundee Model of Enablement

There are many models of enablement services throughout Scotland, and it would appear that Dundee goes further than most other Scottish authorities in terms of the level of collaboration between social work and health. The Dundee model is that of collaboration between health and social care with the hospital social work team, AHP's (in hospital and community), the home care enablement staff and the social work occupational therapy service.

In the CSEF longitudinal study[3], there was evidence to suggest that services organised in partnership with the NHS gave enablement services better access to a range of professional skills.

An NHS Senior Occupational Therapist was deployed to enablement for 12 hours per week specifically to work with the hospital Occupational and Physiotherapy Therapy Department on developing 'Enablement Plans', which are unique plans for each service users which details their levels of independence, and sets realistic goals which enablement staff and the individual can work towards.

It is the objective of the AHP to move more of the rehabilitation type services out of hospitals and into the community and to work jointly with social work services such as enablement.

3.3 A Service Users Journey

During the period of the pilot there was only one entry route into the enablement service, and this was through the hospital social work teams.

The hospital social work teams screened the service user against the de-selection criteria. If the service user was selected then a request for enablement was made to the enablement team. At the same time, if required, a request was made to the social work occupational therapy service. It was highlighted on the request that this was an enablement service user, and any requests for equipment were given a priority. The worker also discussed the aims of the enablement service with the service user, ensuring they understood that this was a short term service

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[3] CSED Prospective Longitudinal Study (November 2010)

Initially it was the role of the seconded physiotherapist to visit the service user on discharge from hospital, and to write the enablement plan, which was then given to the enablement staff to follow.

The enablement organiser also visited the service user to ensure that the service user understood the enablement process, and to gather further relevant information.

The length of time spent on the enablement service varies from service user to service user, depending on the level of dependency, but it ranges from one week to approx six weeks.

Service users are reviewed as they progress through the service, and their level of service is amended to reflect their need. At the end of the enablement process some service users require no ongoing services. For those that do require an ongoing service, this is provided either by Dundee City Council home care service, or by one of the approved independent providers, and there is a hand over period between the two providers to ensure continuity of care.

4 Methodology

Both quantitative and qualitative data was collected.

4.1 Quantitative Methods

As the majority of all new service users who were being discharged from hospital were placed on the enablement scheme, it was not possible to create a control group from these service users. Therefore data was collected retrospectively from a randomly selected group of 22 service users who were discharged from hospital in the previous year. They were tracked for a six month period in order to record their requirement in terms of the number of hours care during this period.

In addition, a sample of 22 service users were chosen at random from service users who did receive an enablement service.

The data gathered from the two groups was used to chart:

- Reduction/increase in the required number of hours support from the beginning of the enablement scheme up to the 6 week review period

- Reduction/increase in the required number of hours support from the 6 week review period to the end of a six month period.

4.2 Qualitative Methods

Qualitative information was gathered through the use of surveys and focus groups with various stakeholders including service users, enablement social care staff, hospital social work teams, and independent private providers.

5 Impact of Enablement on Care Requirements

This section provides information on the quantitative data which was collected

5.1 Care Hours Required by sample and control group

The below table demonstrates the size of care package at the start of the service, and the care package following a six week period of service.

Table 5.1

Group	No of service users	Total no of hours required at start of service	Total no of hours required at end of 6 week period	Total no of hours required at end of 6 month period
Control Group	22	275	204	279.5
Enablement Sample Group	22	314	154	107

This data demonstrates that there was a 25.8% reduction in the level of service required by the control group after a six week period, but there was a 1.6% increase in service after a six month period.

In comparison the enablement group demonstrated a 51% reduction in the level of service required after a six week period, and a further 43 % reduction in service after a six month period.

This demonstrates that the effects of enablement also benefit service users over a longer time period. However what is not clear is why there was such a high reduction in care requirements during six month period following enablement. Further investigation is required regarding this.

5.2 Total number of service users completing enablement process during pilot period (December 2009 - June 2010)

Table 5.2

No of Service users who have completed the enablement process	113
No of service users who were de-selected from the service	24
Total number of service users	**137**

5.3 Care Services Required at the end of the Enablement Process:

Table 5.3

Service users requiring no ongoing care hours	45
Service users requiring a reduced number of care hours	28
Service users requiring the same number of care hours	13
Service users requiring an increase in hours	3
Service users who were re-admitted to hospital whilst on the scheme	20
Service user went into respite care	4
Total number of service users	**113**

There were a total of 45 service users who did not require any ongoing social care service at the end of the 6 week enablement period; this represents 60% of the service users.

None of these service users have since required a service.

The high number of service users who were re-admitted to hospital whilst on the enablement service, was investigated by health colleagues who concluded that these re-admissions were appropriate re-admissions and this was not an indication that patients had been discharged from hospital inappropriately.

6 Views of the Enablement Service

6.1 This chapter gives details regarding the qualitative information that was collected. Feedback regarding the implementation of the enablement service was gathered from the following stakeholders:

- Service Users (or Carers)
- Hospital Social Work Team
- Enablement Social Care Workers
- Independent Care Providers
- Care Commission

The qualitative information is being used to improve the service.

6.2 Service User and Carer Feedback

All service users (or their carers) were given a survey to complete at the end of their enablement period.

The feedback from the survey was very positive, with 75% of people feeling that they received the support they felt they needed, 87% thought they were satisfied with the support they received, 74% felt the enablement service had benefited them, and 87% rated the service to be either Excellent (62%) or Very Good (25%).

The full survey results are attached as appendix 1.

6.3 Hospital Social Work Team Feedback

The results of the survey were in general positive about the enablement process. The most positive aspect was that, in the opinion of the majority of the hospital social work team, the enablement teams had facilitated a quicker discharge from hospital for most service users.

It was agreed that the full assessment of the service users should be carried out in the community and not in a hospital setting. This was beneficial in terms of being able to discharge people more quickly. Less paperwork was required before discharge, with the full assessment then taking place at home whilst the service user was with the enablement team. The negative side to this is that social hospital staff were holding cases for a longer period of time than they would have previously, which has had an impact on their workloads.

In addition, hospital social work teams were involved in more service user reviews, as the review process is a vital component of the enablement service, and they felt that this had a big impact upon their workloads.

Another concern was that the enablement service would become blocked if there was difficulty in accessing a long terms service for those who required it, and they questioned whether the enablement teams were the most appropriate option for people with very complex care needs where there was little scope for any enablement.

A copy of the survey is attached (appendix 2)

6.4 Social Care Worker Feedback

Feedback was in the form of verbal feedback, feedback given to the Care Commission during the inspection process, and data regarding sickness absence levels.

Staff were generally very positive about the enablement service, and felt that their contribution in assisting service users to become more independent made their job more fulfilling.

One negative aspect was in terms of losing the physiotherapy therapist who had been seconded to the teams for a period of six months. The staff had found her knowledge and support very beneficial, and they felt that a 'gap' had been left when the secondment was over.

Interestingly the staff absence levels within the teams during the pilot period reduced. It is difficult to say if this was solely attributed to the change in remit of the team, and the monitoring of this will continue.

6.5 Independent Provider Feedback

Those service users who require an ongoing service may have this provided by social work mainstream services or by one of Dundee City Council's independent social care providers. A quarterly forum which focuses on improving practice is held with the independent providers. The enablement approach to home care has been discussed at one of the forums, and the independent providers are all clear about the approach.

Independent providers were asked to complete a survey regarding the enablement service. It was clear from the results that they had a good understanding of the aims of the service, and they were not concerned that it would lead to a reduced level of contracted hours for themselves.

They suggested that the hand over from the enablement teams to the external provider team could be improved upon, as the standard of this is not consistent at present.

A copy of the Independent Provider Survey is attached (Appendix 3)

6.6 Care Commission Feedback

The Enablement Teams were inspected as part of the Care Commission Inspection in May 2010. The Social Care and Support Service as a whole were given a Grade 5 (Very Good), and the Care Commission Inspector gave positive verbal feedback with regard to the Enablement Teams.

7 Cost Realisation of Enablement

7.1 Training Costs

Specific enablement training was undertaken by the social care workers, social care organisers and managers from the enablement teams.

The training consisted of:

- Telecare Awareness
- Self Care Tasks
- Practical Skills Training
- Shadowing sessions with Rehabilitation Service/OT and Physiotherapist

In terms of costs several elements should be taken into consideration:

- Attendance of social care workers, enablement organisers and enablement managers at training sessions (social work)
- Attendance of social care workers at shadowing sessions
- Training development costs (social work and health)
- Training delivery (social work and health)

Table 7.1 - Training Costs

Elements of Cost	No of staff	Total no of Hrs	Total Costs
Attendance at training sessions of social care staff	23	14hrs per person	£3542.00
Attendance at training sessions of organisers and managers	4	11hrs per person	£726.00
Attendance of social care workers at shadowing sessions	23	3hrs per person	£759.00
Training Development Costs	2	6	£300
Training Delivery Costs	8	28	£588
		Total Costs	**£5,915**

This equates to a cost of £219 per person trained. The majority of the training costs are contained in the attendance at training staff costs. Development and delivery costs training were £32 per person.

7.2 Other Costs

The enablement teams were created by re-modelling existing social care teams, including the social care organisers and home care team managers. Therefore there were no additional costs arising from the development of the teams, and the running costs of the team are similar to those of the mainstream social care teams.

Social Work Occupational Therapy Service has incurred an increase in their workload. This has resulted in an increase in the waiting times for service users other than enablement service users, who have been prioritised for occupational therapy services. To redress this balance it would require the cost of an additional Occupational Therapist or Occupational Therapy Assistant.

Health has incurred an additional cost in terms of additional work done by the hospital and community rehabilitation teams; however, we have been unable to give a cost for this, as this was part of the community work already being undertaken.

8 Contribution to shifting the balance of care and meeting national and local outcomes

8.1 Shifting the balance of care

The objective of shifting the balance of care is to reduce the number of individuals in long term care, and increase the number of individuals who are supported at home with a package of care.

In order to meet this objective there requires to be either an increase in the resources within the community in order to accommodate an increase in numbers of individuals being supported at home, or an improvement in the functioning of the individuals so as to decrease the required package of care in order to support them at home.

Enablement will assist with shifting the balance of care in the following ways:

- The anticipated savings in terms of number of ongoing care hours required that enablement produces, will help to release the capacity which can then be used to support more individuals at home.

- It is expected that as internal home care service is re-modelled to target service users with the most complex needs, then enablement teams will be extended further in order to provide episodes of enablement to those individual who are assessed as requiring an increase in their service. A short period of enablement may eliminate, or reduce the need for an increase in care requirements.

- The 'hands off' rather than 'hands on' ethos of enablement encourages increased level of both physical and mental activity, and as service users are enabled to use their increased level of functioning to its fullest potential in undertaking activities of daily living, then there is an expectation that individuals will remain independent for longer, and there their need for long term care will be delayed.

8.2 Meeting Local Priorities and Service Objectives

An enablement approach addresses two of the Council's key priorities:

Improve and protect the health and fitness of the population

- The 'hands off' rather than 'hands on' ethos of enablement encourages increased level of both physical and mental activity, as service users are enabled to use their increased level of functioning to its fullest potential.

Deliver efficient services and keeping any council tax increases low

- The enablement approach increases levels of functioning of the individual and thus eliminates or minimises the requirement for ongoing services, thus increasing the capacity of the service.

An enablement approach meets a number of Service Objectives:

Increase range and scale of alternatives to residential care - Increase range and scale of care at home services

- As service users are enabled to use their increased level of functioning to its fullest potential there is an expectation that individuals will remain independent for longer, and there their need for long term care will be delayed.
- Home Care enablement teams have increased the range and scale of home care services

Achieve best practice in managing our people and resources:

- Enablement increases the capacity of the service, thus making better use of our resources

Further develop partnership working that leads to improved services and better outcomes for people:

The enablement approach is a collaboration between health and social work. The enablement approach has lead to better outcomes for service users.

8.2 Impact upon Speed of Discharge from Hospital

It is not possible to prove conclusively that enablement has had a positive impact upon the speed of discharge from hospital, as current systems for recording hospital discharges, only record the number of delayed discharges.

However, anecdotal evidence gathered from the hospital social work team survey would suggest that the enablement service has speeded up the rate at which service users are discharged.

9 Key Learning Points

9.1 Care Hours Requirements

The data collected has clearly shown that enablement is successful in terms of reducing the number of care hours that individuals require following a period of enablement. The collection of data over a longer period would be beneficial in order to evaluate the long term benefits to service users of enablement.

9.2 Capacity of the Enablement Teams

Enablement is a short term service, and it is vital for the flow of the service that service users requiring a longer term service are quickly moved to another care provider following the end of the enablement period. It is therefore important that these service users are prioritised for ongoing services.

9.3 Occupational and Physiotherapy

Unlike other models, where Occupational Therapists are attached to social work enablement teams, the Dundee City Enablement model uses the Occupational Therapists from both the hospital and the community. Other studies have shown that this degree of collaboration with health gave enablement services better access to a range of professional services, and this is the preferred model for Dundee. However, there is a danger that enablement service users may be lost, and not prioritised within the heavy demand in general for Occupational and other services within the NHS. We will continue to work with health professionals in the development and monitoring of this.

9.4 Hand Over Process to Other Providers

For those service users who require an ongoing service, it is important the hand over process to the new care provider is improved. At present the quality of the hand over appears to be patchy. To achieve the greatest benefit of enablement, an enablement plan and a period of shadowing by the new provider must consistently take place, in order that the enablement ethos is continued.

9.4 Criteria

As the number of enablement teams has now expanded, and the capacity increased, then the de-selection criteria should be revised. There may still be a small number of people who are unsuitable for enablement, but it is hoped that the vast majority of people will have the opportunity to be enabled.

9.5 Continued Training for Home Care Staff

There requires to be an ongoing training programme for home care staff, in order to capture all new members of staff, and to train all existing home care staff in the enablement ethos. A training programme is being developed at present, and training for the identified trainers will take place in January 2011.

9.6 Use of Assisted Technology

Data regarding the use of assisted technology was not collected during the enablement evaluation. Anecdotally, it would appear that assisted technology such as telecare equipment was not fully utilised to support enablement. At present the telecare project worker is developing and implementing training for all levels of staff, and this should raise the awareness of this technology. It is recommended that data is now collected to quantify the level of the use of assisted technology in the enablement process.

10 Update and Future Developments

10.1 Update – Expansion of the Service

In September 2010 the two enablement teams were amalgamated with the Intensive Care at Home / Early Supported Discharge teams which were already in existence. The teams were carrying out similar functions, although the Early Supported Discharge teams were only available to individuals who were being discharged from certain hospital wards.

The major benefit to this is in terms of capacity and equity for service users. There are now seven enablement teams across the city that now provide an enablement and rehabilitation service to all individuals who enter the care service for the first time.

The increase in capacity has enabled the enablement teams to extend the service and undertake referrals from individuals in the community, as well as individuals being discharged from hospital.

The future model will ideally consist of eight teams. This additional capacity would enable the teams to undertake short pieces of work with existing service users, whose levels on independence are decreasing, and a period of enablement may increase the level of independence again, rather than increasing the level of service that person requires.

10.2 Future Developments

There are currently two developments which may impact upon the model of enablement in the future.

Virtual Wards

The NHS are piloting a 'virtual wards' initiative in the east of the city. The initiate aims to identify individuals who are at risk of requiring a hospital admission. A multi-agency team, works together to provide preventative services such as enablement, to reduce the likelihood of a hospital admission. The pilot study will identify the impact upon the enablement teams.

Integrated Resource Framework

Dundee is currently a test site for the IRF. The aim is to have integrated care communities across Dundee, in order to shift the balance of care and resources through better use of the 'care pound'. The implication for the enablement teams will not be known until further development work has been done on the model of IRF.

References

Department of Health (Update March 2009) *Homecare Re-ablement: CCRC Scheme Directory*

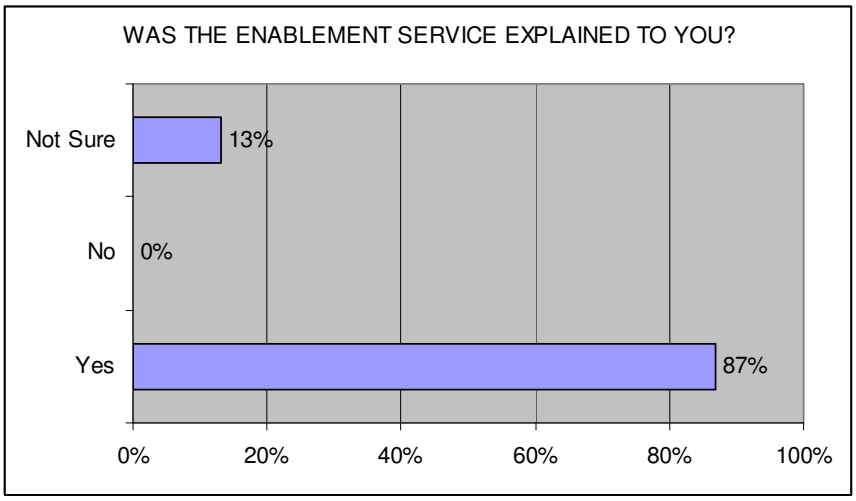
Department of Health (November 2010) *Homecare Re-ablement: Prospective Longitudinal Study*

The Social Policy Research Unit, University of York (2007) *Homecare Re-ablement Workstream: Retrospective Longitudinal Study*

APPENDIX 1

ENABLEMENT SERVICE USER EVALUATION

QUESTION 1



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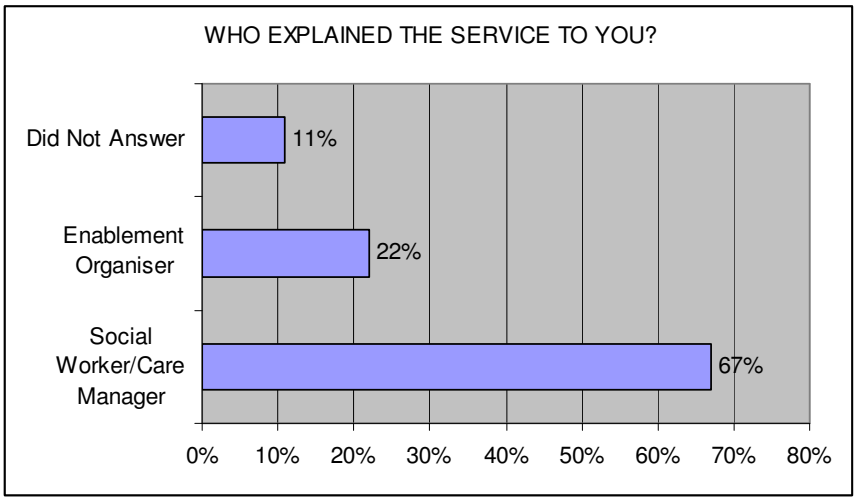

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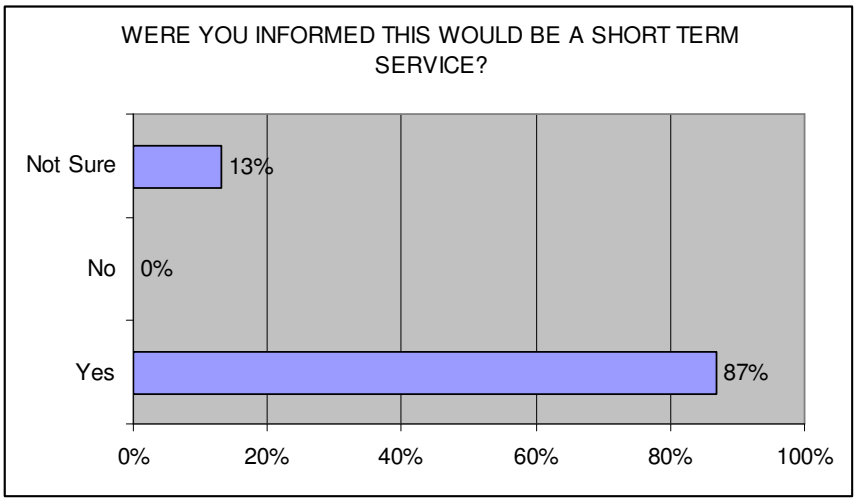

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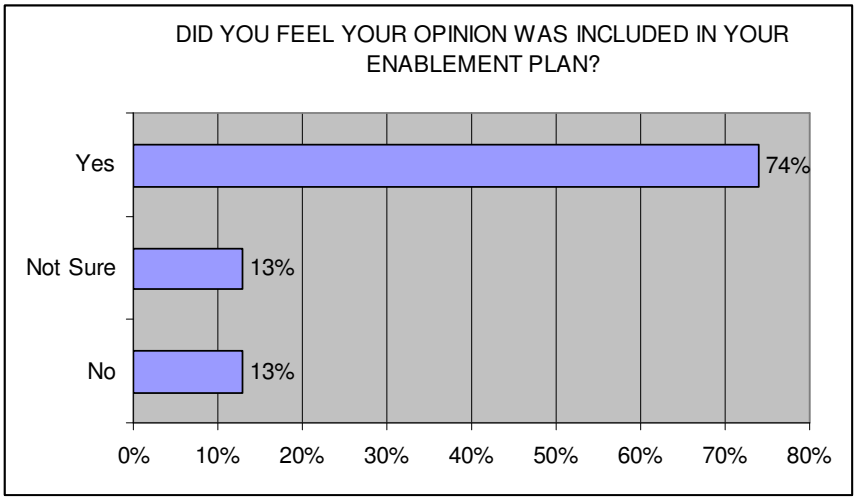

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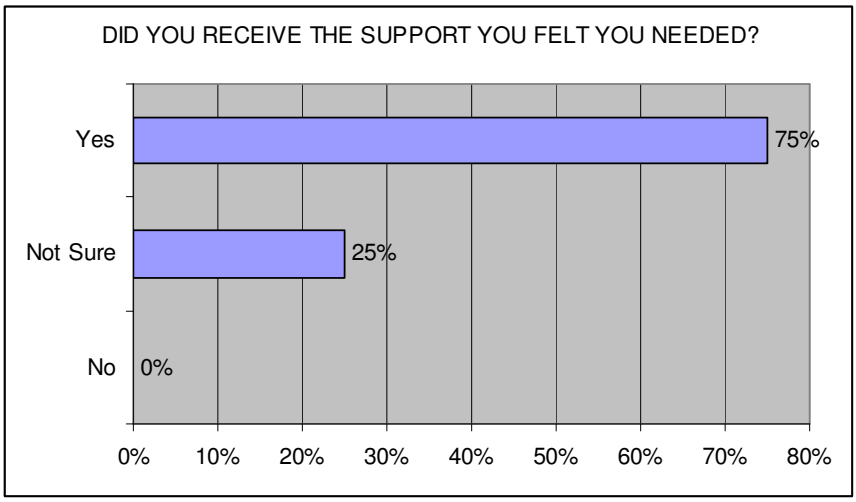

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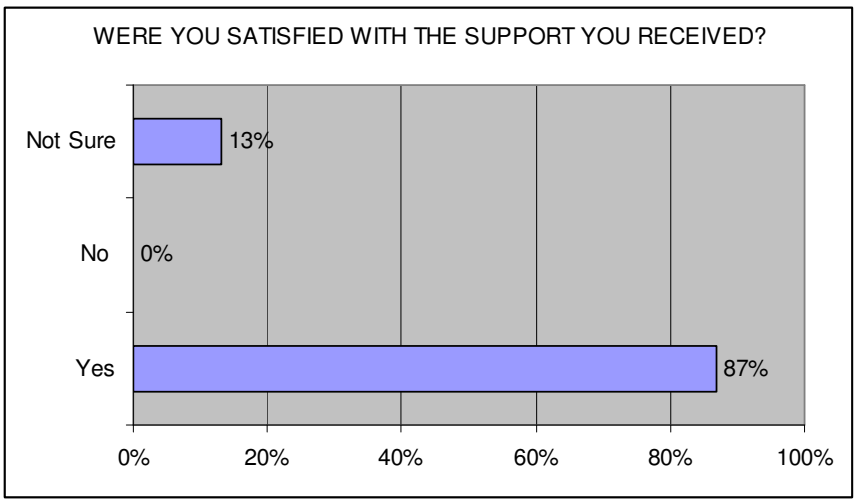

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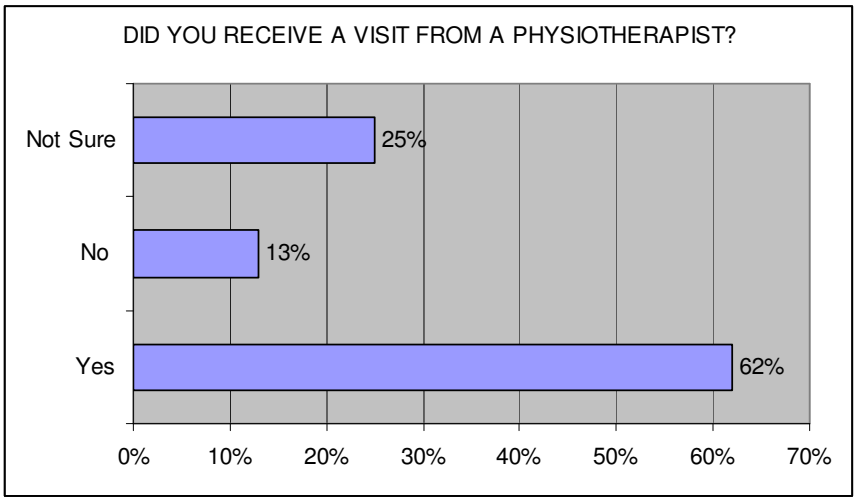

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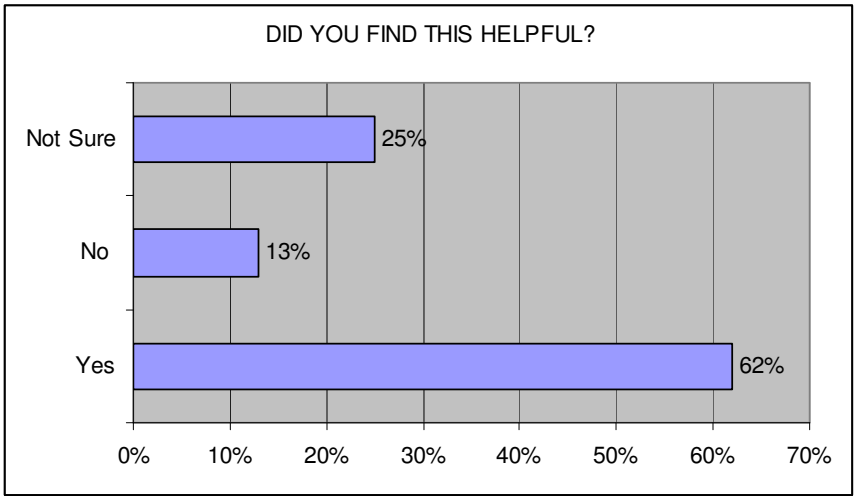

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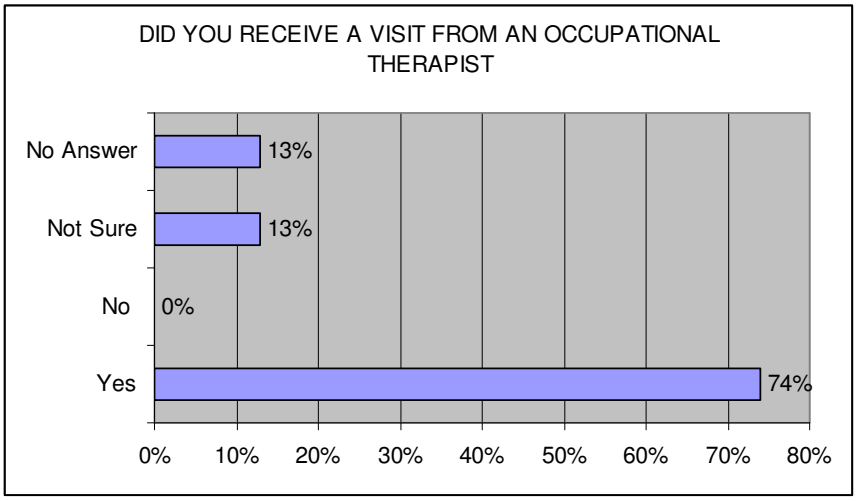

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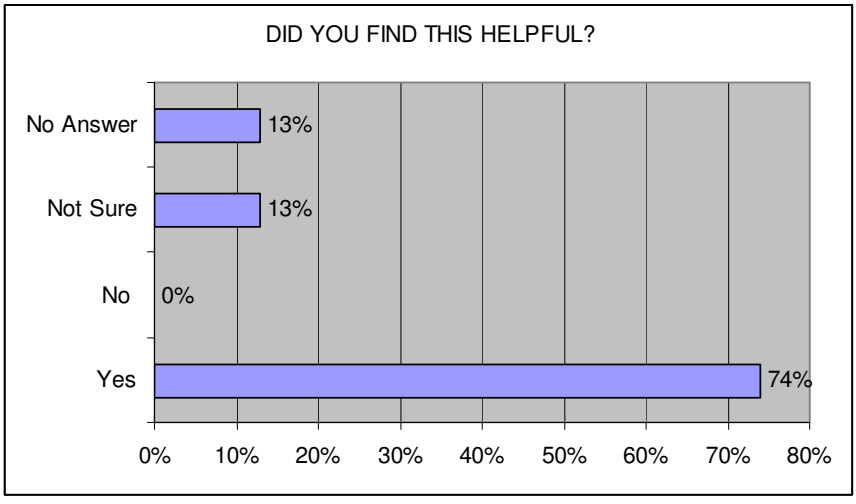

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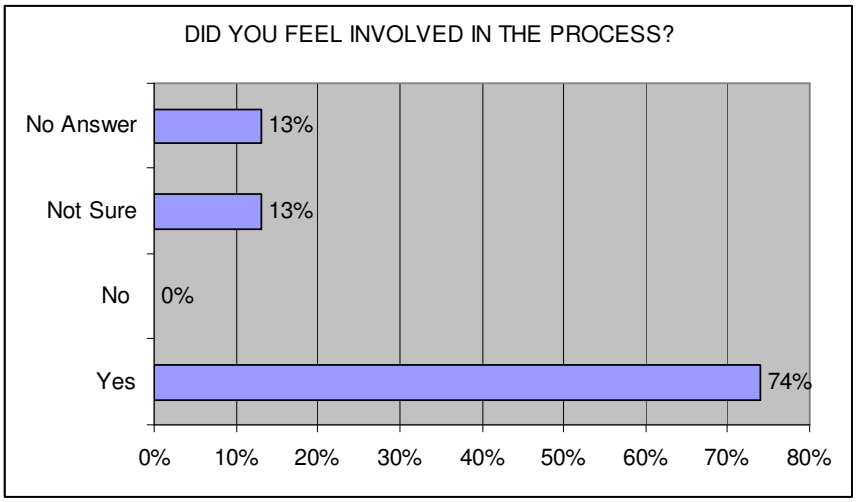

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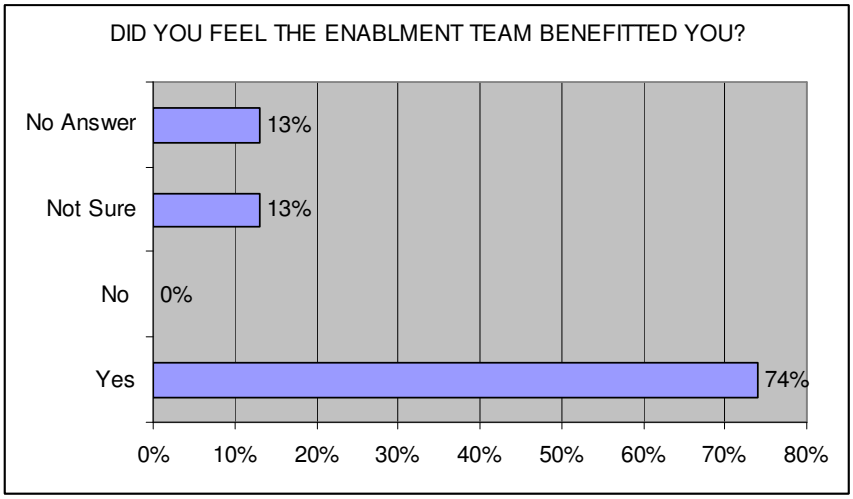

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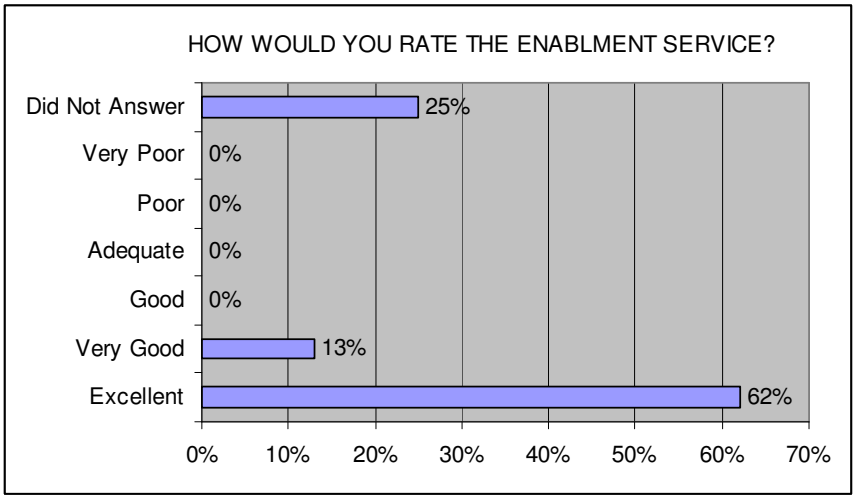

APPENDIX 2

Home Care Enablement Pilot

Stakeholder Survey

Hospital Social Work Team

1. What is your role in terms of the discharge process?

2. How would you describe the hospital discharge process prior to the introduction of enablement (delays, volume of work, etc)?

3. What were your initial views about the enablement service?

4. Can you describe what the main aims of the enablement service are?

5. What were the service users overall reaction to the introduction of the enablement teams?

6. What are the main differences in the discharge process now that enablement has been introduced? (e.g. pro and cons)

7. What has the enablement service meant to you in terms of workload, access to services etc?

8. What has the enablement service meant to service users (has it made a difference?)

9. Now that it is up and running, what is your overall assessment of the enablement service from a hospital discharge point of view?

10. Can you suggest any ways in which the enablement service could be improved?

APPENDIX 3

Home Care Enablement Pilot

Stakeholder Survey

Independent Providers

1 What is your understanding of the enablement service?

2 Were you informed about the development of the enablement service, and did you inform your staff about the service?

3 Can you describe what the main aims of the enablement service are?

4 Were you clear about what your role may be in enablement once the service users had been through the enablement process?

5 Do you feel that your staff require any additional training in order to understand the ethos of enablement?

6 Is there a hand over process from the enablement teams to your teams, and if so is it successful?

7 Do you receive a copy of the enablement plan so that you are aware of what level of independence a service user had reached?

8 Are you concerned that the introduction of enablement may lead to a reduction in the level of care packages that you are contracted for?

9 Do you feel that the level of care packages is adequate for the service users who have been through the enablement process, in comparison to the previous levels of packages before enablement?

10 Can you any comments/suggestions regarding the enablement process?