

Transcript of Worcestershire reablement video

MP = Morgan Price; HP = Hannah Perrott

MP: The investment was agreed through the Better Care Fund which is pooled money agreed jointly between local authority and health leaders.

HP: Our reablement service has been in place for a number of years now. There are different elements of that: we've got community reablement element, which is where looking at preventing entry into hospital or care [and] Pathway One, which is the route out of hospital into home.

What we've found through the conversations that we've been having with our health partners is the need to increase the capacity of the reablement service to enable more people to be discharged from hospital. The target is 130 discharges across the week and we're moving from an average of 80. From an outcome perspective we're wanting people to live well so actually we don't want them to go back into hospital or back into care.

MP: What was clear is that there needed to be a significant increase in the numbers of people that could support people in the community, and we're talking about going from around 100 full time equivalents to 200 FTEs. Knowing that we have challenges filling up to the 100 FTEs to actually double that we saw a really significant risk.

HP: What we don't want to do is move people just around the system. So we don't want people to come from our domiciliary care and services just to come internally to work for the council because it moves the problem, because we are so reliant on our domiciliary care providers as well to deliver longer packages of care. So we're trying to attract new people into the care system.

We kickstarted the recruitment campaign in June this year. Originally we were looking at running that from June till October and ideally to have everybody in place from October. That was always going to be ambitious given the number of people that we were looking at appointing and we've made a really good start. We are seeing a good number of candidates come through.

MP: We're about 65% of the way there so we've not hit the target that we set ourselves but we have actually made some really good inroads into that number, more so than we would have if we'd have taken our standard route for recruitment.

The investment that came into the service included things like ongoing salaries for those posts we were going to create, but also an element of cost for the training and the recruitment. We know that we've got the money to fund these posts, that means that we can recruit people on a permanent basis and that means that the investment that we make into those individual workers pays off because we tend to keep them for longer.

Our existing approach to recruitment is it's an internally managed process but in this case the volume of people that we were talking - we were wanting to increase the number of

applicants quite rapidly and process those applicants - means that you need time and resource to focus on that.

We had a team of people internally that that looked at what would work for us. The option that we chose was to use a third party supplier who are experts in recruitment processes and they have access to a whole load of data about what works what doesn't work. So we brought that expertise in help us to carry out the nuts and bolts of the recruitment and then we supplemented that with some agency adverts. For some of the roles we carried out some internal recruitment because we knew that we were pretty successful in those type of roles.

About 10% of applicants currently work for providers. The other applicants come from a mix of backgrounds, there's no particular rhyme or reason or pattern to that, but we have seen a number of people who have over the pandemic maybe supported people more informally and actually got some personal reward from that. Therefore these jobs appeal to those values that that we look forward people.

HP: We've done things differently. We've got a really good corporate campaign [and] internally things like refer a friend, and so actually using the workforce that we've got access to, to be able to promote the offer.

We've also taken advice from recruitment experts in what we call the role. So we call them internally 'promoting independence assistants' but that isn't the natural search. So for our campaign we changed the title and put 'care' in there and care assistant type elements, in order to be able to.....when people go in search for roles, then our role pops up as well.

We've also looked at being more creative in the way that we interview people so it's not a standard interview process. We've looked at using video and video calls, and being slicker in the way that we manage that.

MP: The role itself is not just the standard care worker that you might see umpteen adverts for. Part of the innovation really is about enhancing what that role is and being clear about what that role is. So we spent a lot of time particularly in the wording of the advertisements around what we what type of person we were looking for, what type of work they will be doing. We haven't always been as clear on that in the past.

We also spent time looking at further training that that role receives, the support that that role receives, not just in their early days but also as an ongoing process. And we enhanced the intermediate skills programme element, the bit that takes it above a standard care worker role, things are bordering onto the health part of this: glucose monitoring, physio, exercises.

It's a little bit more than just going and doing *for* people, it's much more about monitoring and encouraging. Approaching your client with that mindset of a much broader element of 'what support does this person need?' encourages you to think differently about how you can support people. And that in turn then starts the opportunity for 'what route is there for me to progress into a different part of this sector?'

Alongside these roles, the other part of our investment allowed our therapy team to just review their structure. They created some band three posts which are therapy assistants. The step between a care assistant and a band 5 therapist was huge, whereas the step between a promoting independence assistant, with all of that training and skills that we provide, and a therapist assistant or a healthcare assistant, is much smaller.

So it puts people into a better position where if they were to apply for something else they've got not only more options but also they're closer to it , [and] they've got probably a better a chance of success.

HP: Feedback from staff is the support aspect, so the values training, and the training packages that we've got for individuals, the constant refreshers so people are well skilled and feel confident and capable in being able to offer that care support. Obviously with access to local authority pension schemes which are more favourable than the private pension schemes, and the payment of travel and subsistence etc. We offer that as standard from a terms and conditions perspective.

But we don't want to just move people around, this has got to be growth of the sector, and that's why we push that word of mouth and 'refer a friend' and 'have you thought about care?'. And the access even into the school system as part of the education work, that we are skilling up our people to think differently about care as well. That's the kind of work that we are focused on.

There is a really good working partnership across the health and social care system and recognition that we want people to live independently and that we need to invest in this type of service. Covid has potentially helped accelerate that conversation because of the demand that was seen on our acute services, but I think that willingness and support was there already.

What Covid has brought home is the fact that we can get people home sooner rather than later, and support them with packages of care so it's kind of made the case for an increase in the reablement service. But I think colleagues that are living and breathing this on a daily basis could have told us that anyway. But it has put a spotlight on it.

From an impact perspective, I think we're about 85% of individuals that have had a package of care that are over 65 don't return to hospital, so we are seeing the impact that the service is making in terms of enabling people to live independently and live well.