Meaningful & Measurable

A Collaborative Action Research Project

Developing Approaches to the Analysis & Use of Personal Outcomes Data

FINAL PROJECT PARTNER REPORT

STIRLING AND CLACKMANNANSHIRE

February 2015

About this Report

Meaningful and Measurable is a Collaborative Action Research project funded by the Economic and Social Research Council (ESRC). The project builds on an existing programme of work over several years in Scotland, involving all of the organisations to varying extents, in developing and embedding an outcomes approach to practice. The project itself was prompted because developing approaches to the recording, analysis and use of personal outcomes data has been found to pose challenges at all levels of organisations. Within this project, we are exploring the tension between:

- **Meaning:** the need for detailed, contextualised information on individual experience to inform individual planning and service improvement.
- **Measurement:** the need to aggregate information on personal outcomes to inform decision making at organisational and national levels.

All eight project partners have contributed to the findings of the project overall which will be reported separately.

Six project partners have also authored reports on their local projects.

This report shares the learning of Stirling and Clackmannanshire Council

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PROJECT PARTNERS

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Joint Improvement Team

Community Care Benchmarking Network

Health & Social Care Alliance

Social Services Improvement Agency Wales

Stirling and Clackmannanshire Project Report

1. Headline

Prior to joining up with Clackmannanshire a few years ago, Stirling Council had started work on embedding an outcomes approach to assessment and care management. While there has been progress with outcomes, it was identified that further work was required to be able to consistently identify and measure outcomes across the council, particularly with new legislation on Self-Directed Support in 2014 and further legislation relating to the integration of health and social care in 2015.

The Meaningful and Measurable project provided an opportunity to undertake focused work in a specific service. There were two options at the start of the project, including either the evaluation of outcomes for people receiving a direct payment, or the identification of outcomes with older adults using the reablement service. While the decision to select reablement was made at an early stage, the intention was to use the learning to inform developments relating to SDS and in the wider shared service with Clackmannanshire.

2. Where We Were

Work on embedding outcomes started around 2010/11 in Stirling. Early work focused on building outcomes into staff supervision. This was followed in 2012/13 by the development of an outcomes focused assessment and planning tool, and associated guidance, involving practitioners from adult services, along with business support staff and the lead for Self Directed Support. Information gathered using the tool is stored in the IT system, SWIFT.

Stirling's reablement service came into being in 2010, providing time-limited support (6 to 8 weeks) to people aged 65 and over, assessed as needing care at home. The aim is to support people to remain independent and continue to live within their community. It is already possible to identify traditional statistical measures such as numbers of people using the service and number of hours of home care received. Outcomes are included in the questionnaire which goes out to people who have been through reablement, via survey monkey. There are already around 25 questions included, ensuring that the requirements of the Care Inspectorate are met and that some outcomes data is gathered. The team manager also wanted to embed outcomes in planning and review processes.

There has been a tendency in reablement services to focus on functional outcomes such as improved mobility or performance of tasks relating to daily living. Less attention has been paid to the quality of life of people using the service. To change the focus, it was identified that it would be necessary to identify personal outcomes with individuals and their families at the start of the service, and capture progress in relation to both goals and outcomes at the end of the reablement period. This work has to be developed with the understanding that care staff have limited time, so recording has to be as manageable as possible.

It is important to note that before the Meaningful and Measurable project, the reablement service manager had already committed to embedding personal outcomes. She had started work on developing a tool, and had several sessions with her staff, where she introduced the concept of outcomes and provided an opportunity for team discussions. She had also started to consider building an outcomes approach into supervision. During the project she completed a leadership qualification. The course included an assignment for which she chose to focus on outcomes focused supervision. The Meaningful and Measurable project provided opportunities to link wider evidence on recording and measuring outcomes with implementation of the tool and supervision.

In addition to capturing learning for the reablement service, there was interest in the council in applying the findings of the project more widely and a decision was made early on to include diverse council representation.

3. What We Started Out To Do

Various representatives of the council invited onto the project included the manager of the reablement service and team members, performance and quality officer, business support advisor, occupational therapist, social workers, learning and development manager and commissioning officer as well as colleagues in health. The following points capture key objectives and research questions which informed the direction of the project:

- Improve the involvement of people using the reablement service in identifying their outcomes, contributing to their plan and evaluating progress

- Explore the relevance of outcomes to staff and improve the potential to use the skills and knowledge of staff in in consistently identifying and measuring outcomes

- Develop a common understanding and approach to recording outcomes, including quality of life outcomes across the service

- Improve the links between practice and performance by involving reablement practitioners in the development of performance indicators

- Improve effective communication of outcomes between assessors and providers.

- Use learning about documenting personal outcomes to inform wider developments in improving services and performance information

4. What We Actually Did

From the outset there was a strong interest from senior management within Stirling Council to develop performance measures for reablement, which would in turn inform performance measures for the wider service. This interest was prompted by an expectation that local authorities would increasingly be required to record and measure outcomes for people using services and to report this data to the Scottish Government, particularly with the introduction of Self-Directed Support and also with a view to forthcoming legislation relating to health and social care integration.

Early work in phase one involved an audit of the records of four reablement individuals (who had used the service more than once) by the project lead and a member of the business support team, to assess what was recorded about the individuals involved, the support required and any references to their outcomes. Key limitations to the records were identified, as detailed in the section on findings, including that recording was briefer than expected and was focused on service priorities. Following the first and second data retreats involving other project partners, there was a shared view that there were limitations to the information recorded about people using services, particularly limitations to the recording of personal outcomes in formal documentation. In Stirling, during this first phase, three meetings were held with the wider group of council representatives outlined above in order to incorporate diverse perspectives and to share the learning.

During phase two, the focus shifted to the reablement team. The service manager Julie Gallagher had now completed work on the development of a reablement specific personal profile and separate outcomes tool. The outcomes tool included space to record personal outcomes, linking these to reablement goals. It also included a specific focus on what the person is able to do, as well as areas requiring support, reflecting an enabling ethos.

At the start of phase two, a meeting was held between the project lead, the mentor and reablement staff to discuss their thoughts about personal outcomes, the new tools and the recording of outcomes. Around two months later, the project lead and the mentor met with the manager to audit a sample of records for four people, to assess whether recording had progressed since the first audit. Findings from the audit are included in the next section.

The reablement manager reported that while she had seen significant improvements in the detail recorded in case notes she was still working closely with support staff through team meetings and supervision to ensure a consistent approach to outcomes focused conversations and recording. This included sharing good examples. She reported that feedback from staff using the tool has resulted in further improvements, such as changing the format of the personal profile section from boxes to speech bubbles, which had already resulted in positive feedback from people using the service. A further issue for staff was that some did not feel comfortable recording under what's not going so well as they did not want to write anything that might seem detrimental to the person, so this was rephrased to 'Requires support and details of support given.' The staff reported feeling much more comfortable with this.

In order to address the concern of senior management to develop more consistent measurement and performance reporting of outcomes it was agreed to hold a final meeting with the reablement team and a representative from commissioning and one from care management at the end of the project.

5. Findings on recording of outcomes and progress in relation to reablement goals

Phase One

The audit of four sets of case records for people who had been through reablement more than once confirmed a tendency to record service outcomes, especially by referring agencies, with particular emphasis on system priorities, notably getting people out/keeping people out of hospital, with a corresponding emphasis on justifying why the service was needed. Daily case recordings by reablement staff tended to be quite cryptic and generalised, with notes such as 'good progress today' or 'tasks completed' or 'not completed' being identified, with little detail or explanation.

In one case, an individual was assessed as needing four visits each day for meal preparations, prompts with medication and showering. However when reablement carers arrived on the first morning the individual had completed all of the tasks himself. At the end of the six week reablement period, the person was assessed as needing two visits per week to provide minimal support with showering. This raised questions about the tendency for referrers to overestimate the support required. Personal outcomes were not evident in the records.

In the other cases, there was insufficient information to gain a clear picture of the person's outcomes, or progress in relation to goals or outcomes. With reference to goals it might be recorded that the person needs support with making tea and toast, but without recording why, or similarly that the person needs help with dressing, but without enough detail to get a clear picture.

Phase Two

A second audit of recording was undertaken soon after the introduction of new personalised and outcomes focused tools (November 2014) with four sets of records reviewed by the project manager and mentor. Comparing the records to previous daily recordings the following points were noted:

1) Recording of progress of reablement goals

The benefits of an extended period of assessment provided by reablement were evident in providing a fuller picture of progress over time. In the following example, it initially appeared that the person was managing all the personal care tasks identified by the referrer, however, after several visits a clearer picture emerged of specific tasks requiring support

Often has attended to own personal care but needs help to empty commode, switch off heating and lights, fill cup of water

Again in the following example, it initially appeared that the individual was managing without support, even though four visits a day had been recommended for personal care, dressing, to re-establish appetite and assist with food preparation. There were repeated daily recordings like the following:

Was washed and dressed and sitting up eating breakfast when carer arrived

In this case, the carer wanted to ensure that the person was able to manage in the kitchen and therefore suggested to the individual that they spend some time together

The carer encouraged Isobel to wait for her once washed and dressed tomorrow so they can work in kitchen together

The importance of recording some detail of progress in relation to goals was reinforced in cases where individual capacity fluctuated according to health conditions. The following individual appeared to be managing better after a couple of weeks but then had a recurrence of breathing problems and at a later stage was set back by a fall. The carer noted:

Two steps forward one step back

Detailed notes on how the person was managing with meal preparation supported this summary statement. This detail is important because having the fuller picture over time helps to clarify the level and type of support required

There were indications that staff were working through sensitive issues with individuals and families but treated the recording of these issues with caution. In some cases, it was not straightforward to establish roles between the person, the family and the team. In one example carers repeatedly recorded NSR (no service required) because the family had completed all the tasks before carers arrived.

June informed that her family will bring lunch. June only wanted to have a cup of tea until they came

The reablement period was still in process when the audit took place. Although it was not clear how staff negotiated with the family, the recording changed over time, reflecting that staff were progressing reablement work with June.

2) Recording of personal outcomes

In one case, it was interesting to note the contrasting key outcome identified in the original referral and by the reablement team following a discussion with Isobel. The referral stated:

To facilitate safe discharge and return to max independence

The case notes quoted Isobel as saying:

To be able to walk out and about a wee bit better

While these two overarching outcomes do not necessarily clash, they do provide different reference points to start reablement work with Isobel. Given that research has shown the motivation of the person in engaging with reablement goals to be particularly important, the linking of goals to personal outcomes takes on additional significance.

In the following example an 88-year-old woman called Valerie was referred after being in hospital due to a fall. While recording identified that Valerie still wanted to do as much as she could for herself, the word 'worried' was used in relation to several issues, managing her new blister pack, managing her shopping and paying her bills, particularly in the early stages of reablement. Her main priority or outcome was identified as follows:

Valerie wants to be independent in going to the bank

While Valerie experienced a temporary setback when her leg became painful, overall the case recordings build a picture of an independently minded women, who gets out and about and

who is socially connected. It would have been really useful to have those key aspects of Valerie's life recorded clearly at the end of reablement, rather than dispersed through case notes, which is a system based issue the reablement manager is working to resolve.

In one case it was recorded that the primary outcome was:

To relieve the daughter of carer stress

Further on in case notes it was identified that the daughter's job was under threat due to continuing unpaid leave to care for her mother. This provided a different perspective from most of the recording examined, with the emphasis being on sustaining the main carer. The case notes meanwhile noted that carers were working with the mother, Rena, to improve her confidence with daily tasks. While the case notes suggested that progress was limited on that front, It was identified that the OT had made referrals to both Crossroads and the day centre to help sustain the caring situation and support Rena to stay at home.

During an early meeting in the reablement office, one of the care coordinators identified that she still felt unsure about what was required in relation to recording outcomes. She asked the service manager whether the following was acceptable:

Joan wants to be able to do her own shopping in Morrisons on Saturdays again

The service manager confirmed that this was a personal outcome and reported that the care coordinator was relieved that it did not need to be complicated or jargonised.

6. What Difference Is This Making?

Within the reablement service:
- Clearer recording of progress against reablement goals is supportive of better decision making about the ongoing support that individuals may require to enable them to live independently in the community.
- The new tools are popular with staff and people using the service. The personal profile included speech bubbles to describe the person. Individuals and families can contribute as well as staff and the design has had to change to allow more space
- The inclusion of space in the tool for information about what individuals are able to do supports an enabling ethos, and is popular with staff and people using the service.
- Early evidence of recording of personal outcomes demonstrates an increased focus on the quality of life of people using the reablement service. Reablement staff also demonstrate knowledge of a range of local voluntary agencies which they have either signposted to, or asked other staff to contact (various referrals were mentioned including the food train, Alzheimers Scotland and information about electric scooters). This supports the quality of life of people at the end of the reablement service, and reassures staff that people are not stuck home alone after reablement ends.

Within the wider service:
- The Planning and Commissioning team are developing outcomes focused Strategic Plans. The Learning and Development Team are developing additional tools to support operational managers in planning and auditing of supervision activity. The Quality

Team will continue to work closely with this and the wider Strategy Team members, such as Learning and Development to ensure consistency of new approaches and tools.

- Towards the end of the project, the commissioning officer was able to share the logic models he is working on to provide an outcome focused contracting framework for local providers. The performance and quality officer, reablement manager and former SDS lead viewed this approach positively.
- A new care management system is being developed for the shared service. The project lead is part of the group to explore current processes and agree changes to practice. The work includes consideration of new legislation such as SDS and Integration with health. The tools and paperwork are being reviewed to bring consistency across the two council areas and the learning from Meaningful and Measurable, particularly relating to recording outcomes, is being fed into the process.

7. Personal Accounts

Reablement OT on the importance of clear recording of progress of reablement goals:

It is really important for us to be able to record how the person is doing when they start reablement and to track their progress over time. With reablement it is particularly important to see exactly where the person is. There is real potential to reinforce to the person that they are making progress because people quickly forget where they were when they started, and we are seeing that happen now.

Reablement manager on the gradual change towards outcomes focused practice:

Our staff are getting there. Some will need more support, especially to build their confidence in new ways of recording. It's also about that shift to making sure that you get the person's perspective and not just the perspectives of the staff involved…The challenge is for folk who've worked in the old system, and that's where we need to make more effort

Reablement manager on the use of supervision to build confidence:

As you know, staff supervision is a priority for our outcomes work but it's not easy to manage for our busy staff. We've booked in quarterly group supervision for the rest of 2015... We are seeing a difference in group supervision, the staff are finding their voices and now that we've made the meetings smaller, the quieter ones are speaking up and getting more confident. We're now introducing group supervision for seniors too, with a focus on outcomes and issues important to them like the new registration requirements.

Reablement staff in the final focus group on the difference made by recording outcomes to people using the service:

Reablement worker 1: *You're also now sharing that information with the person too. They're more involved with the paperwork now that you're sitting doing it with them.*

Facilitator 1: *So is it like an agreed statement?*

Reablement worker 2: *Sometimes it's a way of identifying what needs to happen the next day. So you'll say "We've left that bit blank today. Let's make sure we fill it in tomorrow." They know that there's something to be done and they are happy to help with that.*

Facilitator 2: *It has been said that outcomes paperwork can be more meaningful to the person as it uses their language.*

Reablement worker 2: *It gives them a boost*

Reablement worker 3: *They can see that you're listening*

This extract highlights two impacts of the new paperwork and approach for people using the service. The first is increased involvement of people in developing their plan, and in continued monitoring of progress, linking to increased motivation. Secondly, staff believe that use of the person's own language can help improve morale.

One senior carer was unable to attend this focus group, but instead provided a written account of the difference made with the new approach:

I have been doing home visits for four years now and I have to say that the new paperwork in the folders is welcome. It is now person centred and it is all about the service user….

Things that I have picked up on during my visits is that the service user is telling me that this is the first time anyone has asked:

What they want?   How do they feel?

What matters to them?   How do they feel on a good day/bad day?

She goes on to say that she is overwhelmed the information she is getting and how she can use that to people's benefit. She describes working with one older man whose family was fretting about his over use of alcohol. Through asking him about what mattered to him, she was able to identify a hobby he wanted to pursue to avoid getting bored and drinking. She then opened up a conversation with the family as a whole and they are now all working together now to increase the man's confidence and restart his hobby.

The project included links to a commissioning officer who attended project meetings throughout the year. At a final meeting he described his new approach to commissioning:

We sit in the middle in commissioning, making sure the services that are needed are there…. That includes making sure that preventative services are not seen as the easy place to make cuts, which could lead to real problems later on… We need to keep it as simple as we possibly can... We are thinking about a multi-layered approach and would like to see a common focus around the Scottish Government's new health and wellbeing outcomes…. Broader outcomes enable you to contain the complexity when it's necessary, without getting bogged down when it's not.

8. Challenges and Opportunities

New legislation identified at the start of this report presents opportunities for outcomes focused practice, as both SDS and integration legislation include emphasis on personal outcomes. As stated above, there has been a strong concern amongst senior management to embed systems to measure outcomes, to be able to respond to demands from the Scottish government for statistical returns on outcomes. This presented particular pressure because the measures were not yet in place during the project, leading to a sense of uncertainty. This was managed by leaving the measurement aspect until the end of the project, while keeping the main focus on outcomes focused practice and recording.

It is to be hoped that integration with health will support a shared focus on personal outcomes. The reablement team would like to be involved in pre-discharge assessments, so they can help to reverse the current pattern of overestimation of the number of visits required, to consider personal outcomes for the individual and to build a shared understanding with health colleagues.

Recording in the reablement service is still currently paper based. Any analysis or aggregating of information would need to be manually carried out. The team manager's dream is for staff to have tablets, incorporating the outcomes focused tools so that staff can record straight onto the IT system. She has also argued for a long time to have a simple weekly review form in the system which would enable tracking of goals and outcomes at the weekly review meetings (currently recorded in notes).

The six reablement staff at the final focus group were asked for their views on including a simple improvement scale in their paperwork, to track progress of outcomes at the end of reablement. All six were very open to this suggestion, which they thought would help to build a clearer picture of impact. They also liked the idea of a verbal scale, which would easily fit with their conversations.

During the final meeting with the commissioning officer, he identified that in the midst of uncertainty about all the changes taking place, that the health and wellbeing outcomes presented an opportunity. These could provide a common language, if seen as high-level signals, allowing for flexibility as to how information is gathered at the local level, rather than 'forcing people into boxes.'

9. Implications and Learning

The context of unrelenting policy, practice and personnel changes brought many challenges

Adherence to a core set of shared values, primarily the focus on personal outcomes, helped with navigation through these challenges

Audit of the records, particularly qualitative data, was valuable in providing the project lead and mentor with insights into what reablement staff do and the circumstances of the people they work with. It also really helped to clarify what good recording looks like in that context

Direct engagement with reablement staff was valuable in providing opportunities to exchange ideas about the limits and possibilities of personal outcomes in a reablement context

Involving people from different parts of the system helped with ensuring that the agenda was owned more broadly. However, some of the changes which need to be made could be resolved without a huge amount of effort such as including a weekly reablement review document in the IT system which would allow reports to be produced