

Welsh Reablement Alliance

Welsh Reablement Alliance,
c/o WRVS,
Beck Court,
Cardiff Gate Business Park,
Cardiff, CF23 8RP

Mark Drakeford AM,
Chair, Health & Social Care Committee,
National Assembly for Wales,
Cardiff,
CF99 1NA

24th May 2012

Dear Mark,

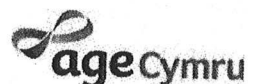
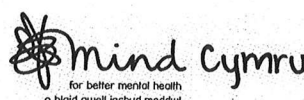
Re: Welsh Reablement Alliance

Thank you for inviting the Welsh Reablement Alliance to give evidence last month to the Health & Social Care Committee as part of the inquiry into the residential care of older people in Wales.

During the session, we undertook to write to you to respond formally to the suggestion by Darren Millar AM that there ought to be specific reablement teams for people with dementia, either as a trial or as a more permanent situation. We have now had an opportunity to speak with members of the WRA on the issue and to give you our view as an alliance.

We fully support the need for better support for older people with dementia. As Julie Jones of the SCIE stated during her evidence ¹ to the Committee inquiry, it is estimated that 60% of people in residential care have dementia; it is therefore critical that these individuals receive proper support services. Given that a large majority of older people might have both physical and mental health difficulties, we would propose that it is essential that all staff in health and social care have at a minimum a basic awareness of working with people with dementia.

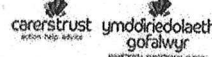
However, quality management of people with dementia does require some specialist skills and it is clear that when people receive that it can have an impact on the outcomes achieved. Currently, several local authorities run specialist reablement teams and these are able to provide a specific service for those with particularly challenging needs and behaviours. Where there is capacity/ demand, this model can work well – but where there is not sufficient demand, for example in areas where numbers are low or where the demands of the dementia are manageable by a generalist team, then effective use of Telemedicine and second opinion can offer a real, effective option. In this scenario, a specialist team/ practitioner can make an assessment either using telemedicine or face to face meeting and then provide a plan and advice for generalist practitioners to deliver an holistic service.



College of Occupational Therapists
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As we said during our evidence, the key to effective reablement is a multi-sector, multi-discipline approach drawing on the expertise of a wide cross-section of partners. Dementia care strikes us as a case in point, where incorporating those with the necessary skills to help dementia sufferers into a wider team benefits both the patient and the reablement team by providing a genuinely joined-up approach.

Professor John Bolton has praised those local authorities taking this integrated approach to dementia, specifically mentioning "councils [who] include dementia care as part of their reablement services helping people manage their conditions (and often supporting carers)"². Furthermore, during his evidence³ to the Health Committee, he highlighted that helping an older person and their carers to live with dementia, using technology and managing medication, can reduce the need for residential care services by as much as 22%.

Furthermore, we note that in the written submission of the Royal College of Psychiatrists in Wales to the Health Committee's inquiry, they argue⁴ that there appears to be "no community-based model for reablement in patients with dementia. Current reablement teams often have dementia as an exclusion criteria". They also note that greater training in helping patients with dementia is desirable for all care staff. We would support this principle as being more generally appropriate than creating specific niche teams for assisting dementia sufferers.

Finally, we would also draw your attention to the written submission⁵ to the inquiry of the Alzheimer's Society in Wales, in which they recommend that the Welsh Government introduce mandatory training in dementia care for all care home staff. We believe this further supports the need for improving the level of knowledge and training on dementia for care staff generally.

We trust this information is of assistance. We look forward to meeting with you and your colleagues again in the future to discuss reablement issues. As always, if we can assist the Committee in any way, please do not hesitate to contact us.

Yours sincerely,

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References

- ¹ National Assembly for Wales (2012) Health & Social Care Committee minutes, 23rd February 2012, National Assembly for Wales, p28.
- ² Bolton, J. (2011) *Better Support at Lower Cost: improving efficiency and effectiveness in services for older people in Wales*, Wales: SSIA, p24.
- ³ National Assembly for Wales (2012) Health & Social Care Committee minutes, 23rd February 2012, National Assembly for Wales, p28.
- ⁴ Royal College of Psychiatrists (2011) Submission to Health & Social Care Committee Inquiry into Residential Care of Older People; Welsh Assembly website.
- ⁵ Alzheimer's Society in Wales (2011) Submission to Health & Social Care Committee Inquiry into Residential Care of Older People; Welsh Assembly website.

