PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

# Pathway to Independence

## Adult Social Care & Health Scrutiny

## 25th September 2025

Walsall Council

IMPROVE outcomes and customer experience

IMPROVE employee satisfaction and engagement

IMPROVE service efficiency and performance

# Pathway to Independence

Pathway to Independence is a new initiative that aims to support adults who need social care services to achieve their personal goals and live as independently as possible for as long as possible in their own homes.

**The service is based on the principles of:**

- Person-centred care
- Choice and control
- Prevention and early intervention

## The pathway has the following overarching objectives:

1. **Promote** the independence, dignity and autonomy of residents
2. **Improve** the quality of life and wellbeing of residents
3. **Enable** residents to achieve their personal goals & aspirations
4. **Support** residents to participate in and contribute to their communities
5. **Prevent, reduce or delay** residents' social care needs
6. **Reduce** the reliance on formal social care services & promote independence
7. **Provide** high-quality, person-centred social care services

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# Customer Journey

# Pathway to Independence Teams

## Prevention & Early Intervention

- Multi-disciplinary team comprising of Occupational Therapists, Occupational Therapy Assistants and Neighbourhood Community Officers

## Reablement

- Therapy lead service focusing on maintaining and regaining independence skills

## Enablement

- Working with younger adults to learn and develop independence skills
- Supporting people with employment opportunities
- Shared Lives service

# Pathway to Independence | Overview

The ‘Pathway to Independence’ initiative empowers adults who may need social care services to achieve personal goals and embrace independence, aligning with the Care Act, We Are Walsall 2040, and the Corporate Plan, while fostering community strength and inclusivity

# Pathway to Independence Objectives

The pathway has the following overarching goals and objectives:

1. To promote the independence, dignity and autonomy of service users
2. To improve the quality of life and wellbeing of service users
3. To enable service users to achieve their personal goals and aspirations
4. To support service users to participate in and contribute to their communities
5. To prevent or delay the deterioration of service users' health and social care needs
6. To reduce the reliance on formal social care services and promote self-care
7. To provide high-quality, person-centred, and cost-effective social care services

# Prevention & Early Intervention Team

We have aligned some OT's, all OTA's, and NCO's to the start of the ASC journey

Moved preventive services closer to the front door and collaborate more closely with CXC colleagues to enhance efficiencies

Provision of equipment, adaptations and assistive technology to maintain independence

Support people to connect to their communities, reduce social isolation and provide practical support for carers

# Benefits

- Waiting times for OT and OTA assessments have reduced – individuals are assessed within 4wks of referral
- Increased the number of OTA clinics
- Dedicated clinic to showcase equipment during assessment
- Equipment is provided sooner
- Individuals supported to remain independent sooner

# Financial Commitments for Community Reablement

- **Staffing Investment:** £1.911m over 2 years: 2024/25 = £0.929m; 2025/26 = £0.982m – Created 35 new posts with all staff now in post
- **Projected Savings:** £4.47m over 2 years 2024/25 and 2025/26
- **Capacity and Demand:** At full capacity, the Community Reablement Service benefits 16 individuals per week (830 per year) with the ability to flex up to 25 per week to meet demand

# Community Based Reablement

Assessments are completed by an OT, OTA or Rehab Officer for Visual Impairment who will work with the individual to formulate their personal reablement plan.

The reablement plan includes a programme of activity broken down into specific, agreed goals to be achieved over a period of time and may also involve the provision of any recommended equipment, assistive technology or adaptations.

A short-term targeted period of intervention is implemented by the external reablement provider with targeted support in areas where additional support and/or confidence building may be required being provided by the Reablement Officers.

Reablement plans are regularly reviewed and amended.

# Reablement Data Story

## Referrals

- 709 referrals have been received
- 661 of these progressed to an assessment
- 367 progressed to a reablement plan

## Outcomes

- 368 people have exited the service
- 230 where supported to live independently (62.5%)
- Only 75 went on to have a commissioned service (20%)

## KPI's

- Average number of referrals per week in 65
- The average length of time a person is supported by Reablement is 29day

# Savings

- Since the commencement of the service, Community Reablement has achieved savings of £3,016,097

# Customer Feedback

From the end of July we have implemented a Customer Survey.

Survey aims to tailor services to individual needs and improve effectiveness.

Feedback ensures voices are heard and influences service development.

Promotes continuous improvement, trust, and transparency with users.

Data from surveys will be input into Mosaic for report generation and trend analysis.

Integrated Dashboard offers performance and feedback insights.

Supports evidence-based decisions, tracks progress, and identifies areas for improvement.

Highlights commitment to high standards, team growth, and compassionate Reablement journeys.

# Feedback

- Compliments

- Nov 25 – March 25 P2I received 49 compliments
- April 25 – Aug 25 – 81 compliments were received

- Staff satisfaction

- Staff have reported they are experiencing renewed job satisfaction since the implementation of Reablement

  Team morale is soaring, sickness rates are impressively low, and our retention remains steadfast.

# Good news story

Mrs D

Referred to Reablement following a replacement pacemaker which had left her with pain in her chest and reduced movement in her right upper limb.

She was unable to wash/dress or shower and struggled to make drinks/food Her friend was staying with her a few days a week to support Mrs D, but her reduced independence was affecting her mood and self-worth.

Mrs D was requesting provision of a package of care.

On assessment she stated that her goal would be to get back to the Christmas party at ‘Mind and Natter’ a club she previously attended weekly but had been having to attend online following her operation. Following Reablement intervention Mrs D achieved her goal successfully and attended her Christmas party with the supervision of the SRO and RO.

Mrs D is now being supported by the Enablement Team who are supporting her to access her other community clubs using Ring and Ride. Mrs D has now exited Reablement not requiring a care package and able to access the community again.

# Good News Story

- Mr H was discharged from hospital into an ICB funded nursing placement following his palliative diagnosis. Following a Decision Support Tool (DST) being completed, the recommendation was that he did not meet the criteria for full health care funding but would benefit from remaining in a nursing placement.
- Mr H expressed his wish to return home, and following a Care Act assessment, a referral was made to Community Reablement.
- An OT undertook an assessment of Mr H's home environment for the provision of equipment and agreed support of 4 calls per day to facilitate Mr H's return home.
- After 2wks, Mr H had reached most of his goals and only required 1 morning call each day. He is continuing to progress will in his reablement journey with minimal support at home and building confidence with accessing the community.
- If Mr H had remained in a nursing placement, this could have cost the ASC £39k per year.

# Enablement


Primarily working with younger adults with a learning disability or mental health diagnosis to learn life skills to encourage independence
Using technology to support independence
Travel training for adults and some younger people
Access to Employment support

# Enablement- Next Steps

IMPOWER reviewed the current service provision in 24/25 and made recommendations to grow and further develop the service.

Therapy lead service mirroring Reablement model

Business case was approved by CIP Board, and the project lead has commenced implementation.

Staff consultation process commence 18/08/25