MOVING TOWARDS INTEGRATION: EVALUATING THE RELATIONSHIPS BETWEEN MANAGING BETTER AND ITS KEY STAKEHOLDERS

Final Report

for Care & Repair Cymru, Action on Hearing Loss Cymru and Royal National Institute of Blind People

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July 2018

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1. INTRODUCTION

PROJECT SUMMARY

The Managing Better programme is a three-year project funded from the Welsh Government's Sustainable Social Services, Third Sector Grant. The service is led by Care & Repair Cymru in partnership with RNIB Cymru, Action on Hearing Loss Cymru and Care & Repair agencies across Wales.

Managing Better is a critical prevention service provided to people aged over 50, on a cross tenure basis, and is managed operationally at a Care & Repair agency level. The service is delivered by 13 Managing Better caseworkers who aim to work with health and social care to identify vulnerable older people and achieve a healthy home environment. This builds on the traditional Care & Repair service and also incorporates wider responsibilities for identifying client issues, giving information, referring onto specialist services, and introducing products as relevant to older people with sensory challenges and possibly cognitive impairments.

METHODOLOGY

The Welsh Institute for Health and Social Care (WIHSC), University of South Wales were approached to provide independent evaluation services to the project. Our role was to assess the impact and effectiveness of the Managing Better service and to reflect on how the service has achieved impact and to share good practice with other parts of Wales.

The findings in the report below are drawn from three principal evaluation methods:

1. The evaluation team analysed some of the internal project documents kept by Care & Repair Cyrmu, including activity data and feedback surveys. We undertook a literature review of similar services and primarily focused on the practical (rather than theoretical) experience of those involved in similar services elsewhere to provide context. While this study focused on a new service, we believe that an element of external comparison is useful, both to 'benchmark' the experience (if possible) and to explore (within the resources available) how different circumstances might affect these sorts of services in their interaction with the public sector.
2. WIHSC undertook case study research in five places across Wales: Bridgend, Blaenau Gwent/Caerphilly, Cardiff, Conwy/Denbighshire, and Newport. Each of the case studies consisted of four elements, and the method was flexible depending upon circumstances and local pressures:
    A. Documentation review;
    B. In-depth interviews with the key individuals involved in the service like: Care & Repair staff (caseworkers), secondary care staff (audiology), local authorities (members of the sensory team); rehabilitation officers for the visually impaired (ROVIs), eye clinic liaison officers (ECLOs), other stakeholders;
    C. Analysis and write-up of the salient issues discovered [post visit]; and

D. Follow-up interviews to complement the site visit and to reflect back on the responses heard [post visit].

3. The in-depth interviews were the principal primary research tool employed during the visits and they were comprised of a semi-structured exploration of common areas for inquiry across all case studies exploring the potential impact of:
   - individual, organisational and system incentives and disincentives;
   - professional networking, formal and informal;
   - individual, team, organisation and system leadership – a description, and an assessment of the extent of its impact;
   - local service and other history and context; and
   - issues which the case study participants wish to raise.

A semi-structured interview format was designed, with interview questions provided in advance to interviewees. The semi-structured interviews, carried out by an experienced qualitative researcher, were audio recorded, and subject to thematic analysis by two researchers independently.

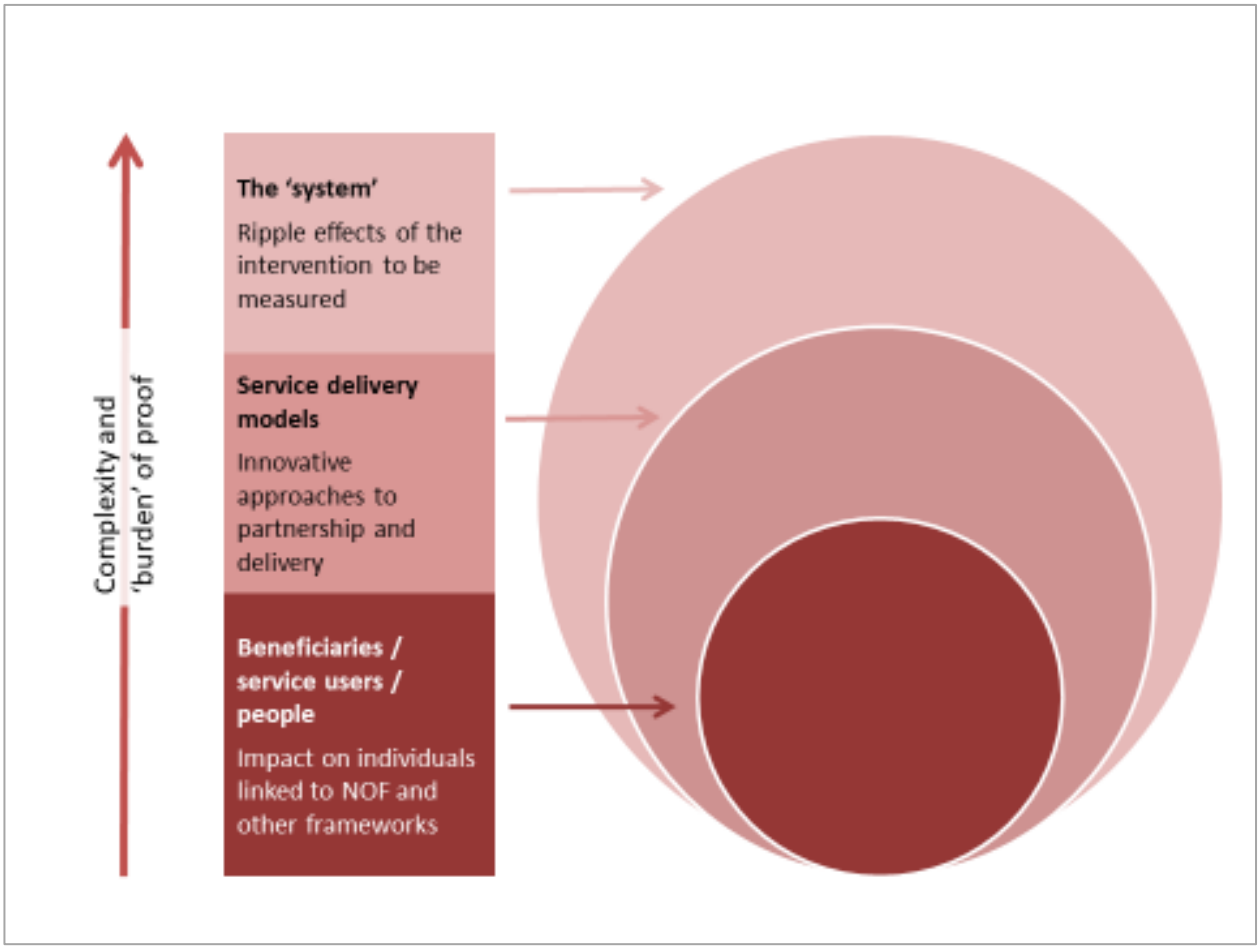
Domain	Key questions
SERVICE MODELS and IMPACT ON OTHER SERVICE MODELS	Who refers to MB? What referral processes are in place? Are these effective and efficient? How has the service evolved? What is the level of engagement with healthcare, social services, other 3rd sector orgs? What are the barriers and enablers to effective engagement? Where does MB refer clients? Who would provide these services otherwise? What impact is it having on the service you provide/your role? Are roles and responsibilities clear? How does MB complement other similar services? What are the benefits of the service for you as a healthcare/social services/3rd sector worker? What impact would it have on you/your service if MB weren't available?

We explored the preventative impact through comparing different elements of the 'case' – i.e. what impacts have been seen, where, to what extent, and why have/haven't we seen the same impacts elsewhere?

The Managing Better evaluation received research ethical approval from the University of South Wales' Faculty of Life Sciences and Education Research Ethics Committee.

REMIT AND REPORT STRUCTURE

It is important to note the remit of this report. As indicated in the diagram below, the focus of this evaluation was not on the impact for individuals, nor on the broader system impacts, but centred on the relationships between the service model devised by Managing Better and the key stakeholders it needs to work with – the centre of the three concentric circles in the diagram.



Evidence provided by Managing Better

There are a number of extant sources of evidence that have previously been published by Care & Repair and its partners to fill the gaps in the domains concerning individuals and the system. Case studies evidencing the clear the impact that Managing Better is having for older people are available[1] and digital stories providing further such compelling evidence have been completed.[2] In addition, the Year 1 Impact Report[3] offers a range of important data across the three domains, and in particular on the broader system impacts of Managing Better.

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[1] http://www.careandrepair.org.uk/en/about-us/who-we-help/?csid=341

[2] https://www.youtube.com/watch?v=_vaRT6zOkmM and https://www.youtube.com/watch?v=yU3rd8K2yaI

[3] https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Impact_Report-web.pdf

In the Year 1 report, the then Minister for Social Services and Public Health, Rebecca Evans AM, recognised the importance of Managing Better in delivering against the key principle of prevention and early intervention which is at the heart of the Social Services and Well-being (Wales) Act 2014. She recognised that the Welsh Government cannot achieve this aim in isolation: *"the support of the third sector, organisations such as Care & Repair Cymru, RNIB Cymru and Action on Hearing Loss Cymru, is vital to its success."* The report also stated that, from the perspective of the partner organisations:

> *"We are proud to share the successes and outcomes of this brand new service. The fact that success is so clearly based on genuine collaboration between three large Welsh charities is in itself a significant achievement. Most important for us though is that older people in Wales can access a service where both their housing and sensory needs can be addressed. Integrating the impact of sight and hearing loss into home improvement and in support of independent living has had a crucial impact on the lives of older people."*

The recently produced Good Practice Guide[4] and Bridgend Case Study[5] documents further demonstrate the positive role Managing Better has played in supporting people across Wales, which is further evidenced by the most recent data return on Key Performance Indicators to the Welsh Government.

To this end, it is helpful to note that by the end of Year 2, Managing Better had assisted 2,161 older people with a home assessment, exceeding the target of 1,700 people. The number of clients ranged across agencies from 76 to 283, 64% of whom reported a sensory loss. In terms of improvement to economic wellbeing, 100% of clients had an offer to assess their welfare benefit entitlement. Data from Care & Repair indicates that 9% of clients received additional income with £774,519.80 raised per annum as a result of a Care & Repair intervention. Additional one off payments awarded during this period totalled £85,046.17 bringing the total amount to £859,565.97 in Year 2.

Report structure

This report contains four substantive sections. There follows an analysis of the current literature relating to housing adaptations, falls and associated cost savings. This is followed by two chapters reflecting on the interviews completed with key informants from both Managing Better and a range of organisations who have been involved in the project. The report finishes with a concluding chapter that reflects across the different evaluation methods and identifies the key learning from the project evaluation.

LIMITATIONS

The evaluation drew upon information from a variety of sources. However, the limitations of the evaluation should be noted:

- The evaluation centred on five geographical areas in Wales. Whilst we aimed to get a variety of services in terms of geographical location and different service models, it may be that the

[4] https://www.careandrepair.org.uk/files/6415/3987/2171/Good_practice_guide_FINAL_E.pdf

[5] https://www.careandrepair.org.uk/files/6715/3968/6221/Case_Study__Managing_Better_E.pdf

findings in this report cannot easily be generalised to all Managing Better services in Wales. However, we feel that the more general conclusions and recommendations made can be applied to areas outside of the evaluation remit.

- Stakeholders identified by the Managing Better caseworkers were approached for interview. This may have influenced the evaluation to those with positive views of the service. However, whilst many interviewees spoke highly of the service, we encouraged interviewees to be open and honest, and a range of responses were heard been reported.

2. LITERATURE REVIEW

In this chapter, we review evidence gathered from Care & Repair and from the existing literature. We searched for studies that explored the impact of home modifications on falls and associated costs to the health and social care system. We specifically tried to identify studies that focused on older people with sensory loss.

PREVIOUS STUDIES

A recent study identified that home hazards were significantly and independently associated with the incidence rate of falls. In other words, the high fall rate building included more environmental hazards compared to the low fall rate building while controlling for residents' age and mobility.[6]

A Cochrane review[7] looking at the effectiveness of various interventions in the prevention of falls among older people living in the community concluded that home safety assessment and modification interventions were effective at reducing the rate and risk of falls.

Less research has been carried out to quantify the cost benefit to the NHS and local authorities of home adaptations for older people at risk of falls. In 2014 a single blind, cluster-randomised controlled trial was carried out with the aim of quantifying the impact of home modifications on the incidence of injury from falls.[8] It was a three year study carried out in New Zealand based on a sample of over 800 people living in similar property and in receipt of welfare benefits. Half of the sample received a package of home modifications (including handrails for outside steps and internal stairs, grab rails for bathrooms, outside lighting, edging for outside steps, and slip-resistant surfacing for outside areas) at the start of the trial, the other half had to wait three years.

Because of the nature of the trial, there was a fairly standard package of relatively low cost adaptations installed at an average cost of $850 (£375). The results were stark. The home modifications led to a 26% reduction in injuries attributable to home falls that needed medical treatment. Injuries specific to the home modification intervention were reduced by 39%.

It is worth noting that because of the design of the trial the home modifications in the New Zealand study were not tailored to individual need/risk. The study referred to the Cochrane review by Gillespie et al. (2012) which noted that home modification was more effective in prevention of falls when the intervention was specified by an occupational therapist who could tailor the intervention to the individual. A preventative home adaptations programme in the UK would take a far more tailored and targeted approach, thereby likely to yield greater benefits, albeit with some higher costs of installing small and medium sized adaptations.

Preventative support services, such as those provided by Care and Repair, can be concerned with a considerable range of housing and housing related issues. The functions of these services are

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[6] Kim and Portillo (2017) Fall Hazards Within Senior Independent Living: A Case-Control Study. DOI: 10.1177/1937586717754185

[7] Gillespie L D, Robertson MC et al (2012) Interventions for preventing falls in older people living in the community Cochrane Database Syst Rev, CD007146

[8] Keale MD et al (2014) Home Injury Prevention Intervention (HIPI) Study The Lancet (online) 23rd Sept

essentially to enable independence and to seek to maximise quality of life (within inevitable resource constraints). This role can encompass everything from adaptations to ensuring that older people have enough money to live on and are not socially isolated. The services that can promote and enable independence, choice, control and help improve the quality of life of older people are described in Table 1 - this has been adapted from a table in Pleace (2011).

Table 1. Overview of the roles of preventative support services[9]

Aspects of independent living at home supported by service	Handyperson services	Adaptations	Floating housing support services
Ensuring housing conditions do not undermine health and well-being	Can improve heating, insulation and make repairs to unfit housing.	No direct role in respect of housing conditions.	Can advocate or liaise with other services on behalf of or alongside an older person and if necessary help with move.
Minimising risks within an older person's home	Can remove trip hazards. Fit smoke and carbon monoxide detectors.	Adaptations can be installed to reduce risks e.g. trip hazards.	Can advocate or liaise with other services on behalf of or alongside an older person. Can if necessary assist with move.
Enabling independent living within an older person's home	General improvements in housing conditions can improve health and thereby independence.	Main role of is to create a space that does not needlessly disable an older person.	Can directly enable independence through low intensity support, e.g. helping with running a home.
Promoting physical Safety	Can fit alarms and enhance physical security.	Can have a role e.g. fitting automatic lighting to a blind person's home to enhance security.	Can advocate or liaise with other services on behalf of or alongside an older person.
Monitoring health and well being	No direct role.	No direct role.	Often primarily designed as a service to prevent avoidable loss of independence or facilitate return to independence.
Assistance in responding to emergency	No direct role.	No direct role.	Some services may have a direct emergency response role.
Combatting social isolation and socialisation	No direct role.	No direct role.	Can facilitate social support, e.g. leisure activities and may provide low-level social support role.
Addressing financial needs	Can arrange access to grants and financial support to enable improvements	Can arrange access to grants and financial support	Can provide advice and support with debt management and welfare rights support
Access to health and social work services	Can liaise with other services	-	-

[9] Adapted from Pleace, N (2011) The Costs and Benefits of Preventative Support Services for Older People, The Centre for Housing Policy

The most notable effect of handyperson-type services is in the number of falls experienced by older people. O'Leary et al[10] estimate that 32% of older people whose housing has been not been improved or adapted are at risk of a fall during the course of one year, which could result in hospital admission, community health service use and/or a need for social work department funded support. By contrast, the estimated annual rate of falls among those older people whose housing has been improved or adapted by care and repair/HIA services was 10% (O'Leary et al, 2010). O'Leary et al also estimate that 9% of older people whose housing had not been improved or adapted would need to make a move to sheltered housing during the course of one year. This compared to a rate of 5% of those whose housing had been improved or adapted by Care & Repair services. Reductions in the temporary and permanent use of residential and nursing care were estimated as being small. O'Leary et al also estimated a 10% reduction in the number of older people requiring personal care funded by social services (i.e. social work service funded care).

Importantly, it is worth noting that there are six cells in the matrix shaded in grey. They indicate where 'no direct role' has been identified for handyperson or adaptations, services that Managing Better is designed to deliver. There is no pre-existing published evidence that demonstrates such home and housing focused services can provide assistance in responding to emergencies, monitor health and well-being or combat social isolation and offer socialisation. It is therefore instructive to note the evidence of both this report and the previous evidence provided by Care & Repair and partners to this end[11] that demonstrates that Managing Better has been able to provide this kind of role.

DATA ON COSTS OF ADAPTATIONS

Heywood and Turner[12] (2007) noted that, understanding the cost savings that, potentially, can be generated by adaptations is not uncomplicated. Some estimation is necessary, for example, because if adaptations are designed to prevent falls, trying to determine the rate at which falls would have occurred without those adaptations must rely on wider prevalence data to estimate the extent to which falls have been prevented. There will be some older people who have been saved from a hospital admission and perhaps serious and debilitating injury because a fall has been prevented from happening by an adaptation. Equally, there will be a few older people whose homes have been adapted to prevent falls who would not have fallen. The consequences of a fall are also not entirely predictable, some falls will have far more serious effects than others (Heywood and Turner, 2007).

The estimated range of costs for some adaptations is quite wide. For example the average cost of a new bath/shower room estimated by PSSRU is £7,903, but the lowest reported cost is £3,890 and the highest cost is £35,008. It is difficult therefore to talk about a "typical" cost for some types of adaptation, as the nature of the work needed and local costs can be highly variable. The savings, i.e. cost offsets to other services, produced by adaptations can be extensive and enduring. In 2009, the

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[10] O'Leary, C.; Linney, J. and Weiss, A. (2010) Handypersons Financial Benefits Toolkit London: Department of Communities and Local Government.

[11] *Inter alia* http://www.careandrepair.org.uk/en/about-us/who-we-help/?csid=341; https://www.youtube.com/watch?v=_vaRT6zOkmM; https://www.youtube.com/watch?v=yU3rd8K2yaI; https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Impact_Report-web.pdf.

[12] Heywood, F. and Turner, L. (2007) Better outcomes, lower costs Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence London: Office for Disability Issues.

Home Adaptations Consortium estimated that 20 level access showers installed in the London Borough of Newham at a cost of some £110,000 had produced a five year saving of £1.86 million (Home Adaptations Consortium, 2009).

While much work reports the cost benefits arising from adaptations in terms of offsets to health and social work services, it also needs to be borne in mind that there are other benefits. Adaptations can significantly enhance independence and increase quality of life. In addition to the benefits for older people with disabilities or long-term limiting illness, adaptations can also deliver tangible benefits to relatives who are acting as full time carers. Adaptations can lessen the demands on carers' time and reduce the levels of stress to which they are exposed.

We found no literature that focused on adaptations in the homes of older people with sensory loss specifically.

3. PERSPECTIVES FROM MANAGING BETTER CASEWORKERS

As noted above, there were five case study Managing Better services included in the evaluation. In this chapter, we draw on the information provided in the documentary review and through interviews with the five caseworkers.

WHO REFERS TO MANAGING BETTER?

During year 2, Managing Better received 387 direct referrals from 'health' that is equal to 18% of all referrals. A large proportion of referrals were recorded as self-referrals (29%). The five services studies in this evaluation varied in the proportion of referrals they received from different organisations, and this had also changed over time as relationships and referral pathways with other professionals has developed.

Some caseworkers received many internal referrals from Care & Repair and were given any general referrals from agencies who reported sensory loss. Some caseworkers were part of a formal pathway of referrals of patients from health and/or social care. These different proportions of referrals from organisations sometimes led to caseworkers receiving a very different mix of clients;

> *"I was doing a lot more with sight and I would say its 60% sight and now its 90/10 to hearing loss" [Managing Better caseworker]*.

The nature of referrals in terms of clients' housing tenure also varied by agency as some funding sources were only available to, for example, home owners, whereas other funding was not restricted by housing tenure;

> *"In [Care & Repair agency] I had a referral and because she was in social housing they had to refer her back to housing to fit a grab rail or do an assessment because they don't have funding to cover that. Luckily I have that here, but if I didn't have that funding potentially I would only support home owners". [Managing Better caseworker]*
>
> *"Part of the benefit of this system is that we're cross-tenure so that I can deal with social tenants". [Managing Better caseworker]*

HOW HAS THE SERVICE EVOLVED?

The Managing Better service has evolved at different rates in different regions. Some agencies started with strong engagement with local services with health and social care professionals supporting the service from the outset. Whereas others encountered difficulties starting a new service in an area which was relatively new to the agency: *"The first year was about setting it up really" [Managing Better caseworker].* At the very outset of their work two years ago, most Managing Better services experienced some resistance and scepticism from existing statutory services who were unsure about the need for the service and the experience of the caseworkers to adequately support an older person with sight loss. Care & Repair organised events for ROVIs to attend to provide information about the Managing Better service and showcase the benefits of working with the Managing Better caseworkers which were seen as being effective; *"It showed differences in our roles there, I think that helped with things" [Managing Better caseworker].*

It appeared initially that some statutory services needed more reassurance than others about the role of the Managing Better caseworkers. However, these issues have been resolved effectively such that he service is now well regarded and complementary to statutory services.

The awareness raising of Managing Better intended to increase partnership working. This has been developed in formal and informal ways. For example, some agencies get referrals from health and social care professionals because of their knowledge of Managing Better and from knowing who the caseworker is and what they do. Other agencies have evolved the Managing Better service in more formal ways by becoming part of a pathway for clients from health and social care:

> *"Anything lighting wise that needs to be done, they pass that to me and I can put the lighting in and do the lighting assessment" [Managing Better caseworker]*

This has meant that the Managing Better services have different case mixes of clients, in terms of sensory loss and housing tenure, and have do different proportions of work. For example, one caseworker could mainly provide general property repairs due to the funding available, whilst another caseworker could spend a majority of time supporting older people with assistive listening devices in their home.

Adaptive services

One of the key features and successes of Managing Better has been its ability to adapt to local contexts and service configurations. This initially caused some confusion as to whether the service was engaged in rehabilitation, which it has subsequently clarified that it is not. Positive working relationships have flourished following this clarification.

There was also an understanding that the Social Services and Well-being (Wales) Act 2014 was having an impact on the way services were working to support people to live safely and independently in their own homes;

> *"I have a lot of rails come through to me from the sensory team because it's not part of their remit, it's more occupational therapy, but with the new Act it's being side-lined to put it through to us maybe whereas it would go through another route sometimes. Some people can't solve their own problems and if social services can't put a rail in for them, they won't have a rail. They are more likely to have a fall then". [Managing Better caseworker]*

> *"Because of the new Act they were avoiding sending it to social services because they were so overwhelmed, so they heard about Managing Better and were like 'great, lets pass it to Managing Better' so any referrals coming through to first point of contact in [council] they were generally referring it to me". [Managing Better caseworker]*

Therefore some agencies were able to fill existing gaps in services, but for others, those gaps were harder to locate and more difficult to engage the necessary people.

Holistic service

There is a clear sense from the caseworkers that Managing Better is a holistic service for older people:

> *"I think it's quite holistic – this is what I should have been doing in my old job. I think Care & Repair have always been that way. I think now that Managing Better is specialist on sensory loss which is growing in an older population so there's going to be greater pressure on health*

and social care. It's just funding – to make sure there is funding there to put these adaptations in". [Managing Better caseworker]

"We look at everything really. We ask them if they can hear the television, doorbell, that sort of thing. We would look at everything". [Managing Better caseworker]

Interestingly, this sense of holistic working extended to picking up on issues that might have been overlooked by others: *"My role is to talk with the client to pick up on things like that they might not tell anyone else. Because we visit them at home we pick up on a lot of things that perhaps no one else would know about. It's quite broad really. I look at everything whereas perhaps the sensory team or social services go there for a specific thing and they sort that out and that's it. It's quite difficult sometimes to know where our role begins and finishes" [Managing Better caseworker].*

Joint visits and complementarity

A very positive iteration of the service model has been to undertake joint visits with colleagues working in the statutory sector to support older people with sensory loss. This is clear evidence of the complementarity of Managing Better with such services:

"I would go out with the ROVI and assess what property repairs or adaptations were needed and its working together to see who will take on what role. We would be responsible for getting the prices together for the client and then discussing it with the ROVI regarding funding streams". [Managing Better caseworker]

The caseworkers were open and honest in recognising that this mutual understanding was in some places instant, but in other places had to be developed:

"To have the sensory team on board from the start is great and not be seen as a threat. I think it complements other services that are provided. We're not specialists in cooking or mobility but if we can make the house better". [Managing Better caseworker]

"I think it's a lot better now. We had an awareness event a couple of months ago where we said what we cover, what the sensory teams cover. It showed the differences in our roles there then. I think that helped with things". [Managing Better caseworker]

"I think there was [confusion] to begin with when the Managing Better service first started. There was the opinion that we were going to be like a rehab service like what they offer. We had a few meetings to say it's not that sort of service, we're there to help with the repairs and adaptations and keeping people independent taking into account their sensory loss. So if we came across a client that hadn't had any input from the sensory team, then obviously we could help put them in touch with those services and just try to work together with them". [Managing Better caseworker]

The positive outcome of such relationship building is demonstrated by the following example of joint working:

"The ROVI [and I] go out on loads of joint visits. We've been quite lucky. He works within the council and is the only ROVI there. So what we agreed because there was obviously a need there, was [other organisation] would go out and do the low level stuff because [the ROVI] was going out just to put a doorbell in or a lightbulb in because there was no person to just go out and assess

lighting. So people were waiting a year just to put some better day lightbulbs in. This means that [the ROVI] is there just for the people who are really in need of [their] time. It also seems to be quicker now. We have got a very good relationship and in time – because it's only been a couple of months – we're hoping that it will be an even quicker turnaround then". [Managing Better caseworker]

OVERALL

In closing this section, the following three quotations provide an excellent sense of the impact that Managing Better has made, and what would be at risk should the service ever find that it was no longer there for older people across Wales:

"If Managing Better was to go tomorrow, you'll still have caseworkers here, but they wouldn't have the specialist knowledge. So if they come across somebody with sight loss, with no Managing Better, waiting times for social care would increase. If it was falls or something like lighting it would impact the sensory team pretty greatly, waiting times would grow and people could have a fall in that space of time. We're quick too. The sensory team are referring to myself at the moment with a waiting list of two weeks for grab rails. If you refer to occupational therapy you're looking at 7 or 8 months". [Managing Better caseworker]

"I think older people would be isolated and because we do a lot of liaising with the contractors and the different services, I think it would impact them in that way because they would struggle to get in contact with the different organisations that they need to. We act like the middle-man for them really. We can get contractors in place for them. I've had a couple of profoundly deaf clients and they can't get contractors over the phone. Us being able to arrange it all makes life that little bit easier for them. We can get the estimates in place and show them the estimates with the interpreters there. If they're happy to go ahead with the quote, we can arrange to get the contractors on site and the organisation of the work". [Managing Better caseworker]

"My main goal as a caseworker is to help the client feel safe and independent in their own home. I still look at everything but it is looking at it from a sensory side. Whereas before I would have looked at a step and think 'that needs a rail' now I think more about position, it's more in depth. The sensory loss is at the forefront of my mind whereas before it might not have been. Especially with lighting because we're concentrating so much on lighting now. Before I would have just put in a brighter bulb, which is fine, whereas now I'm hopeful that I know if that's actually going to help at all. I did have some instances I put too bright a light in and it's learning and reviewing. It's not throwing things at someone – it's working with their sight loss". [Managing Better caseworker]

4. INTERVIEWS WITH KEY STAKEHOLDERS

This chapter considers the evidence gathered from interviews with 23 health and social care staff in Wales, including audiologists, rehabilitation officers for the visually impaired (ROVIs), sensory team managers, and staff from other third sector services. The interviews explored the level of engagement with health and social care that Managing Better has in each region. Interviewees were asked to describe the impact of the Managing Better service on their role and the impact on their clients. The interviews also explored any issues with the service and what could be improved about the service and its integration with health and social care.

WHAT IMPACT DOES 'MANAGING BETTER' HAVE ON OTHER SERVICES?

The interviewees were invited to describe their role in supporting older people with sensory loss, and the impact (if any) of the Managing Better service on their capacity to perform their duties. Across Wales, the individual Care & Repair agencies have responded to the Managing Better funding in different ways and have varying levels of engagement with health and social care professionals. For example – and as seen in the previous chapter – some Managing Better caseworkers had established referral pathways with audiology departments and/or local authority sensory teams and others had developed less formal working relationships. Many of those interviewed reported on the benefits of the Managing Better service, especially where the roles and responsibilities of each organisation was clearly defined. Managing Better was sometimes simply described to be an extra point of referral for service users. This was especially true where the health/social care team had a very specific remit, such as Audiology, who assess hearing and provide hearing aids but are (in general) not able to visit people in their own homes nor provide housing or welfare benefits support. By referring people to Managing Better, they were reassured that any issues raised by service users would be assessed and addressed. In those services where Managing Better worked closer with health and social care staff, the service did seem to add capacity, in particular with sensory teams and ROVIs.

Working with sensory teams and ROVIs

Many ROVIs used the example of the Managing Better caseworkers providing lighting and grab rails, which they found to be beneficial. If the Managing Better caseworkers are able to fit the necessary lighting and rails, the ROVIs are then able to proceed with their rehabilitation work such as independent living skills and mobility training:

> *"If the lighting and rails are in place then you can start from that point whereas if it hadn't been provided the first thing I would have to do is obviously assess for it and have it provided and installed, so you've delayed the commencement of any training by a period of time" [ROVI].*

Having the Managing Better caseworker assess the clients' home before the ROVI went out meant that the ROVI's time was used more effectively:

> *"Hand rails…steps marked up…that can help when I'm taking them out if they've already got those things in place. It can make life a lot easier".* [ROVI]

"In my job there are lots of little bits that need doing. If Managing Better can do that for me and for the person, it gives me more time to spend doing my job which is rehabilitation". [ROVI]

Any division of labour can save time for the rehabilitation officers to focus on mobility and the more complex cases:

"[MB Caseworker will] refer to me for rehabilitation and I've got people with rehabilitation problems which I deal with who need just this extra little bit of assistance and lighting, stair rails and things like that...so we work very closely together". [ROVI]

There were, however, variations in whether the Managing Better caseworkers assessed people's home lighting or not. Some ROVIs were initially concerned that the caseworkers had not had sufficient training and experience of various eye conditions to perform an adequate lighting assessment for people with a visual impairment. However as noted in the previous chapter, these issues have now been resolved.

Participants discussed the possible duplication of services offered by Managing Better and the local authority. There was general agreement that there was some degree of overlap between the roles of the caseworkers and the sensory team. Whether this was seen as negative or positive varied depending upon pressures on the local authority in terms of waiting lists, openness to joint working and protectiveness over roles. For example, minor adaptations in the home can be provided by both Care & Repair and the local authority, and whilst in some areas this was seen as a service that should not be provided outside of the local authority, others acknowledged that this enabled their time to be used more effectively:

"Duplication is not always a bad thing in a sense…for example if [caseworker] *was going out to do an assessment and there's something which she can fix and sort while she is there…so rather than make a referral through to us, if it's to do that little thing, if she can sort it out there and then, that's an efficient use of all our time". [ROVI]*

"Some colleagues were worried that Managing Better were going to be doing a rehabilitation role which is a statutory service here in Wales – things like long cane training and anything to do with risk. Originally they were concerned that the Managing Better workers didn't have that skillset. Over time there has been a growing recognition and clarity that they are primarily there to look after the property and the person in it, but mainly to make the property safe. They ran some training and through having that session it just showed how the Managing Better service complemented what we do which for us was great. Our main concern is to keep people safe at the end of the day, and if someone can help us to do that by all means we welcome that". [ROVI]

Role definition and complementarity

It seemed that local areas had developed effective working relationships to overcome these areas of duplication and it was clear where the caseworkers' role finished and the sensory teams' role began. Most often the line was drawn between the home environment and the person:

"They were more focused on the home environment rather than the person, whereas we are more focused on the person than the home…we got to see what the Managing Better caseworkers do and the assessment process…and none of it is rehabilitation, it is more adaptation to the house, which aids rehabilitation". [ROVI]

This distinction between the home and the person was also noted in those areas where joint visits with the caseworker and the ROVI are occurring: *"When we do the joint visit we concentrate on the practical side and then [caseworker] would concentrate more on the adaptations and that type of stuff". [ROVI]*

It transpired from the interviews that different Care & Repair agencies started in different places when the Managing Better service started. Some already had good contacts within the local authority, whereas others were in effect starting from scratch in building working relationships and promoting the service. Some professionals had little knowledge about what training the Managing Better caseworkers had undergone. Most ROVIs acknowledged that there was an initial confusion about the Managing Better service and what it would be doing. Stakeholders also recognised, however, that over time clarity about roles has been achieved. Managing Better is a service focusing on prevention, and ROVIs retain their crucial role in rehabilitating people with sight loss:

"The main thing is in identifying people as people do slip through the net and Managing Better can act as a sort of safety net. They can pick people up, but there is now clarity that you also need rehabilitation services. They can do the referral, that's the main benefit and it avoids people falling through gaps in services. Managing Better go in and can identify if there is a problem – with burns, falls or whatever – and we go in and do our piece of work. It is really complementary". [ROVI]

"We work separately, but jointly too. As a good example, I went to see a lady and I put lighting in the property. Managing Better also went in and then identified that whilst the lighting was great, it would be better for the person if they had a switch in the hall before you walk in the room which I didn't think about. It worked really well. They also went away to look for funding for surfacing the rear garden to make it more accessible for the person. They got to the limit of the money they could spend and as it just needed an extra handrail we then supplied that. It was splitting what they could provide and what we could provide, and that's an example of where it works really well". [ROVI]

The Managing Better funding also differed to what could be provided by traditional Care & Repair services in some areas and it appeared to be important that other organisations were aware of this:

"We were always under the impression and told originally a while back by OTs that OTs have to do bathroom rails and assessments and Care & Repair can do rails elsewhere. But now we know that Care & Repair can also do certain rails in the bathroom so it's knowing now that Care & Repair do a bit more…and can respond more quickly". [Third sector manager]

Audiology

The audiologists who were interviewed for this evaluation reported that Managing Better had less

direct impact on their services and efficiencies within it. The Managing Better service had no overlap with audiologists' duties, so the audiology departments used Managing Better to refer patients who they felt would benefit from a home safety check and a holistic assessment. This was seen to provide patients with a better service: *"What we are looking at is working with social care, working with our other third sector colleagues, stakeholders and so forth, it's just getting that patient a better service, so many things that patients are not aware of". [Audiologist]*

Referring on to Managing Better enables audiologists to provide a more holistic service to their patients, especially for the more vulnerable patients: *"If I've got somebody who is a falls risk and lives alone or appears to be generally struggling, then having somebody to go to the house and do a general assessment for a vulnerable adult for me has been quite useful". [Audiologist]*

It gave them reassurance that the patient would be assessed for falls risks and be supported to live independently in their own homes: *"It gives us another avenue that patients have got support in the community in order to keep them safe at home" [Audiologist].* In areas where there wasn't a direct referral pathway between audiology and social services, audiologists reported that access to the Managing Better service was quicker and easier compared to the local authority. In Gwent, where the audiology department assesses for and orders assistive listening devices (such as telephones, personal listening devices, and loop systems), a referral pathway to Managing Better had been developed which improved the equity of service provided to patients. Prior to the Managing Better service, Care & Repair only had a referral process from audiology for patients who were homeowners or living in private accommodation. With the Managing Better service funding, patients who live in council properties or in housing associations can now also be supported to install and use assistive listening equipment:

> *"There is a safe way for equipment to get fitted if patients can't fit it for themselves regardless of where they live. I think certainly from a patient perspective it's a good way to get patients the support they need in the house". [Audiologist]*

Funding streams

Another benefit of working with the Managing Better service noted by interviewees was that Care & Repair are able to access various funding streams to provide equipment and adaptations to people's homes. For example in Bridgend County Borough Council, the sensory team have access to minor adaptations program (MAP) funding to cover the cost of basic adaptations such as grab rails, lighting or door entry systems. By working with the Managing Better caseworker, who is able to access different grants for adaptations, such as the integrated care fund, they can 'pool' the resources together, which enables all the necessary work in the person's home to be completed. Care & Repair agencies can also access funding from the Rapid Response Adaptations Programme and Safety at Home:

> *"You'll find that once you start putting a light here, a light there, a handrail, that money soon goes quick. So for us the finance is somewhere else for them to go…I know they've got a certain amount of money they can spend on people, so they can say 'I've done this and this, can you look at this?' That working together is really good". [ROVI]*

However, the different funding streams that are available perhaps at different times of the year and with different agencies has caused some confusion amongst other organisations about what the Managing Better service can do and how it differs from Care & Repair services generally. This is especially true where a local authority or health board may deal with more than one Care & Repair agency.

WHAT ARE THE BARRIERS AND ENABLERS TO EFFECTIVE ENGAGEMENT?

Where Managing Better has been working well with health and social care often depends on other professionals having trust and confidence in the experience and skills of the Managing Better caseworker. This is especially true where the caseworker has a background in working with people with sensory loss, is perceived to have had sufficient training to work with people with sensory loss, and has the ability to establish effective relationships with health and social care professionals. Much of this relies on the personality and skills of the caseworker. It is also important to acknowledge that embedding a new service takes time and knowledge of the local context.

Sharing information and raising awareness

Many of the health and social care professionals we spoke to reported that it is often difficult to keep up with changes to various third sector and statutory services, including the referral criteria (e.g. age limits and housing tenure) and processes, and what services are able to provide. This often changes due to services adapting to funding requirements or discontinuation of funding meaning that services end:

> *"The challenges were making the relationships with the sensory teams I think. That was the main challenge. It's hard to embed a new service, because there is so much out there, I think it's hard for people to remember who does what. So building the relationships was the hardest". [Managing Better caseworker]*

Added to this complexity is staff turnover in health and social care teams, meaning that organisations need to be kept up-to-date and reminded about any new services and changes to existing services. Some Managing Better caseworkers are able to keep other professionals informed and aware of Care & Repair services by attending regular meetings with sensory teams or joint working groups, which was seen to be beneficial:

> *"They've joined our joint working group, it's a collaboration group, and they've been very proactive in attending this joint working group, so we've developed quite a detailed referral pathway for everyone surrounding audiology which enhance our service and all the direct links to them". [Audiologist]*

> *"I think they make themselves very visible, and the Managing Better team will just pop in. They have built up a good rapport with us and vice versa. If we are doing any education or training days, we run sessions for medical students in different parts of their training to come and look at we are doing with frailty and care of the elderly. I'll always invite somebody from Care & Repair to come and speak to them. We have built up a good relationship in the last three years, and I know the individual case workers and vice versa". [NHS manager]*

"I think Managing Better needs to have good links with the sensory service, otherwise that's when you start duplication and talking at cross purposes. And so I think that's really crucial. We try and get [caseworker] and the ECLO in every 6 weeks so we can have a general catch up and see what's going on. I think that's really good practice. And getting them in regularly to team meetings so they can clarify their role and what they're doing and just general updates because they do get different pots of money every so often and it's handy to know that". [Sensory team manager]

Adaptive and responsive service

Adapting to the local context is also key to partnership working. Finding the right fit for Managing Better within the health and social care system can be difficult to negotiate and depends on funding streams, contracts, and openness to partnership working. Some contracts, for example within sensory teams, are tendered out to other organisations who have to bid for the funding. So it is not surprising that some professionals can be protective about their role when they feel another organisation is fulfilling some of their duties. In times when funding for services is stretched, people can be resistant to new services:

"Rehabilitation officers are relatively scarce on the ground anyway, so we do all get a bit touchy if there's any suggestion that there's anyone coming in and sort of shaving off bits of that". [ROVI]

"I get a little bit frustrated because I don't really know what they've done already so I don't really know what I'm doing until I actually get there. It's difficult now with data protection they can't tell us everything they've done but it would make my job better I give me an idea of what I'm looking at". [NHS manager]

Some of the ways that local authorities work has also changed to implement the Social Services and Well-being (Wales) Act 2014. The Act has been interpreted in some areas that the local authority is now the last port of call for getting works done as minor adaptations. The default position is to look to individuals to use their own resources to fund the work once a recommendation has been made or for other community-based organisations to fund the work. The Managing Better service seems to work well where the roles and responsibilities of each organisation is clearly defined and/or clear pathways for referrals have been developed. For example in one area, any referrals to the social services first point of contact for hearing equipment (such as loop systems and doorbells) are now coming directly to the Managing Better caseworker: *"Anything on the hearing loss side basically means anyone over the age of 50, they don't go to social services, they go to me. As long as its low level" [Managing Better caseworker].*

Effective engagement

As mentioned already, some caseworkers perceived there to be an overlap in roles of caseworker and rehabilitation officers for the visually impaired. The main perceived areas of duplication of services included lighting assessments and the provision of minor home adaptations. This was again very much linked to the local context, such as the length of waiting lists for the ROVIs. For example, where the

Managing Better service was viewed as an additional resource for the local authority team to utilise in order to keep their waiting lists manageable, the working relationships between the organisations were effective: *"If the lighting is in the kitchen and there are no drafts, we can go out and help with the cooking, making a hot drink". [ROVI]*

Some sensory teams felt that they weren't consulted with during the early stages of the Managing Better service development, and they first heard of the service once it was already up and running. Some sensory workers were confused as to why there was now a sensory loss specialism within Care and Repair, when the previous model of support provided by Care & Repair was working well and a useful service to refer clients onto. That said, these issues are now resolved and partnership working is developing well.

Some interviewees raised the question of why not provide all Care & Repair caseworkers with some sensory training so that they are aware of the home safety issues associated with people with vision and/or hearing loss. There was a concern about referrals bypassing ROVIs due to a lack of specialised knowledge from caseworkers, but most of the sensory team members that took part in this evaluation were reassured that the Managing Better caseworkers would contact them if they had any queries about a client: *"If [Managing Better caseworker] sees an issue with somebody that's beyond her remit and it's to do with sight loss, she will call or email me and say could you look at this particular person". [ROVI]*

WHAT ARE THE PERCEIVED IMPACTS ON CLIENTS?

Benefits of speed of response

Interviewees were asked about the impact of the Managing Better service on clients. The most commonly reported benefits of the service include a faster service for the client compared to the local authority and occupational therapists. The time from referral to being seen in their own home is faster for clients with Managing Better than with other services such as occupational therapy:

> *"The sensory team are referring to myself at the moment with a waiting list of two weeks for grab rails. If you refer to occupational therapy you're looking at 7 or 8 months". [Managing Better caseworker]*

> *"I know from experience that referrals tend to get picked up much quicker by the Managing Better service, and I know that service will link in with Community Resource Team for further assessments if they need do based on their patient assessment. I think they complement each other quite well. We tend in our service to refer primarily to the Managing Better service over and above the Community Resource Team service because we can just pick up the phone, make the phone call, and make the referral, whereas with the Community Resource Team you have to fill out a lengthy form and fax it across. So we find it a much slicker referral". [NHS manager]*

Interviewees acknowledged that if they see a client who is at high risk of having a fall or their home needs to be assessed quickly, they will refer to Managing Better, who are able visit a client in their own home within a short space of time:

"We've got other teams within social services we can refer onto, like OTs. We know that they have a massive waiting list to see people and it goes on priority...so we can refer in-house but if it's a time thing and we think it's dangerous, we can refer to Care and Repair". [ROVI]

"We've got occupational therapists we can refer to, but they've got massive waiting lists, so that would be an exceptionally long process and a lot of their time is involved with disabled facilities grants". [ROVI]

"I can pick up the phone…and I know that person's going to be safe and warm until we can get out there because we're not going to get out there straight away". [ROVI]

Holistic service to support people

The Managing Better service was also recognised as providing a holistic environmental assessment for clients: *"When [Managing Better caseworker] has fed back to us on what she's done, we've all said she looks at that whole picture, holistic picture" [Third sector manager].* In some instances, the Managing Better caseworker may notice issues that the ROVI may not:

"[Managing Better caseworker] put a light in the kitchen through my recommendation, but I didn't think about where the switch for the light was going to be because the original switch was at the back of the kitchen. [Managing Better Caseworker] had more time to think 'why don't we put a switch in here". [ROVI]

The focus of the Managing Better home safety check enabled the caseworkers to assess the whole home environment of the client and spend time working out how best to support the client to live independently in their own home:

"We might just work on cooking skills in the kitchen and we haven't been upstairs. There might be upturned carpets and things like that. So we wouldn't pick that up but a home safety check would pick that up and do something about it". [ROVI]

This demonstrates that there are areas where the Managing Better service can complement the work of the local authority. Another area where Managing Better provides a much needed service for older people with sensory loss is assistance with welfare benefits. It was highlighted by health and social care professionals that the welfare benefits system is very complicated to navigate, especially for those with a visual or hearing impairment. Finding information about entitlements and filling in forms can be particularly difficult:

"We live in an area where there are no jobs and people do suffer with poverty. That's another thing we use Managing Better for, that's another part of what we use. When we refer for a home safety check they will also check on fuel poverty too". [ROVI]

However, the provision of benefits information and advice was not consistent across Managing Better and caseworkers varied to the extent to which they provide benefits assistance. Managing Better is also unable to accept referrals just for benefits assistance, there has to be another reason about the home for the caseworker to go out. ROVIs also differed in their provision of benefits advice. One ROVI reported that asking questions about personal finances crosses a *'professional boundary'* whilst other ROVIs would occasionally help people with attendance allowance, for example. What became clear from the interviews is that there is a need for support with benefits for this client group:

"If someone's worried about their finances or the leak in the roof, they're not focused on what we're trying to teach them. It's important that they have someone to get those issues sorted with and someone to do the training". [ROVI]

"People with sight loss are more likely to be unemployed and are reliant on the welfare system. If you've got sight the welfare system is hard enough as it is. If you haven't got sight it's nearly impossible". [ROVI]

OVERALL

Managing Better has developed effective working relationships with sensory teams and ROVIs across the five case study areas. Initial issues of role definition and clarification have been resolved and there is a widespread appreciation of the complementary skills that Managing Better caseworkers bring to their statutory sector partners. Services have been developed in a bespoke manner in response to local circumstances and context, and they provide a holistic assessment for people. This final comment summarises the overall feeling of stakeholders: *"The whole team have nothing but praise for the support of Managing Better. It kind of dovetails with what we are trying to do with our patients when they are coming in for assessments – it works really well. We are completely satisfied with the service". [NHS manager]*

5. CONCLUSIONS

In this final chapter, all of the preceding evidence is considered, and conclusions are drawn regarding how successful the project has been in respecting of moving towards an integrated form of service alongside its key stakeholders. It is important to note at the outset of this chapter that we assess that Managing Better has worked very well to move from a 'standing start' in 2016 to have developed trusting relationships and partnerships with its key stakeholders in the five case study areas.

CONTEXT

The context within which the Managing Better service has differed greatly. This variation has been a function of five key factors – namely the:

- NHS and local government presence on the ground, and the extent to which the infrastructure surrounding provision has differed;
- Local teams and professionals and their practice, and the ways in which this affects services delivered in communities;
- Extant relationships with the third sector, the role partner organisations (Care and Repair, AOHL and RNIB) that make up Managing Better have played, and the contribution that local organisations and groups that needed to refer to (or receive referrals from) within the third sector have made;
- Identity of the local Care & Repair agencies within the five case study areas, which is not uniform and is a reflection of the leadership within those agencies; and
- Skills, knowledge and approach of the Managing Better teams and workers which has meant that distinct patterns of support and approach have become manifested 'on the ground.'

Inevitably, these variable starting points have led to variable impacts, and as noted in the introduction, it is not within the remit of this study to draw conclusions about such matters at the individual level. What is clear however is that Managing Better has worked very successfully to work through such contextual factors. If we were to reflect on what it was realistic to expect this service to have achieved in the two years of its existence, it would be fair to conclude that the current pattern of delivery within the five case studies reflects a good outcome in this regard.

TYPOLOGY OF SERVICE DELIVERY

Building on the issues around context and recognising the variation that is inherent within the five case studies, it has been possible to create a typology of service delivery across Managing Better. The purpose of this is to further detail and demonstrate the fact that Managing Better service has evolved in different ways across the different Care & Repair agencies, and to facilitate a conversation within Managing Better about why this is, and what it means for the agencies. It also provides an opportunity to reflect on this as the service moves forward. The typology below describes five internal and five external factors common to all the Managing Better service models uncovered during the evaluation. Not all of these factors apply equally to all services, and this is further described in the service typology matrix overleaf.

Internal factors	Description of services
1: Healthy homes check and provision of basic adaptations	All Managing Better caseworkers conduct a healthy homes check which takes account of heating, falls hazards and accessibility in the home, among other things. All caseworkers are able to provide basic adaptations such as grab rails although the funding secured to carry out this work varies across agencies and the tenure of clients' housing.
2: Referral routes into Managing Better	The referral route into Managing Better also differed across agencies. Some caseworkers required a form to be filled in with details about the client whist others were happy to accept a name and phone number.
3: Specialist lighting assessment	Some caseworkers will assess the property for lighting and others install lighting based on the assessment and recommendations of the local authority.
4: Welfare benefits assistance	Caseworkers differed in the extent to which they provide clients help with welfare benefits. Whether filling in forms or assisting with application for attendance allowance and concessions such as blind persons tax allowance. Although Managing Better are unable to take referrals just for benefits assistance, many referrers requested this and identified help with welfare benefits as an important unmet need.
5: Provision of assistive listening devices	Depending on local service configuration and the nature of relationships with other services, the amount of work caseworkers carried out with older people who were D/deaf or hard of hearing. In particular, some agencies were embedded in specific pathways within audiology and/or local authority services for the provision of assistive listening devices.
External factors	**Description of services**
1: Established relationships with statutory sensory teams	The project started at varying levels of engagement with statutory sensory teams. Some Care & Repair agencies had existing strong links with sensory teams, whereas others had to start from scratch. This then had an impact on the speed at which Managing Better caseworkers could make effective links with the sensory teams.
2: Joint visits	Joint visits between rehabilitations officers for the visually impaired (ROVIs) and Managing Better caseworkers were seen as an effective way to assess client needs and co-ordinate the work between the organisations in a timely manner. Some agencies regularly undertook joint visits whereas others were very infrequent.

3: Embedded within pathways	In some areas, Managing Better had become embedded within statutory service pathways for people with hearing loss, including the provision of assistive listening equipment. In this way, the service was able to fill a gap in unmet needs in the community.
4: Trust in knowledge and skills	Establishing good working relationships with other professionals was often dependant on them having trust in the skills on the Managing Better caseworker. The health and social care professionals needed reassurance that the caseworker had the necessary training to support people with sensory loss and not cause any unintended harm.
5: Clarity of roles and responsibilities	There was some initial confusion, especially within the sensory teams, about the Managing Better service duties and any overlap with the work of the sensory teams. Many required clarification about the Managing Better service, how it differed from traditional Care & Repair services and whether they would be undertaking tasks that could also be done by the sensory teams. Working relationships seemed a lot more effective when the roles and responsibilities of each organisation was clearly defined and there was very little (if not any) overlap between the roles.

In addition to this, overleaf we have mapped these 10 factors against our assessment of the extent to which each of the five case study agencies (labelled A-E in the table) have embedded these factors in their local delivery models. There are three levels implied within the matrix:

- ✓ = one tick implies that this factor was a part of the local service delivery within the Managing Better case study, but this was at a developmental stage;
- ✓✓ = two ticks implies that this factor was a key part of the local service delivery within the Managing Better case study, and that this had been developed such that it was nearly fully developed and realised; and
- ✓✓✓ = three ticks implies that this factor was a core part of the local service delivery within the Managing Better case study, and this had been fully developed, often reflecting an excellent integrated partnership with key stakeholders.

As such, the matrix overleaf represents a very positive picture for Managing Better. The fact that the majority of cells in the matrix contain three ticks is further evidence of the degree to which the service has been able to effectively able to embed itself alongside statutory provision.

In addition, the matrix offers a good basis on which Managing Better can think about developing its offer further. There is an opportunity for learning internally from those agencies that have been able to achieve greater progress than others to date in certain areas of delivery so that other agencies can benefit from these perspectives.

Typology factors	Managing Better Case Study				
	A	B	C	D	E
Healthy homes check and provision of basic adaptations	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓
Referral routes into Managing Better	✓✓✓	✓✓✓	✓	✓✓✓	✓✓
Specialist lighting assessment	✓	✓✓✓	✓	✓✓✓	✓
Welfare benefits assistance	✓✓	✓✓✓	✓✓	✓✓✓	✓✓
Provision of assistive listening devices	✓✓✓	✓✓	✓✓✓	✓✓✓	✓
Established relationships with statutory sensory teams	✓✓✓	✓✓✓	✓✓	✓✓✓	✓✓
Joint visits	✓✓	✓✓✓	✓	✓✓✓	✓
Embedded within pathways	✓✓✓	✓✓	✓✓✓	✓✓✓	✓
Trust in knowledge and skills	✓✓	✓✓✓	✓✓	✓✓✓	✓✓
Clarity of roles and responsibilities	✓✓	✓✓✓	✓	✓✓✓	✓

WHAT WORKS? THREE KEY MESSAGES

This evaluation has taken the perspectives from a range of professionals in health and social care who work with older people with sensory loss. We have described a range of service models that have developed in response to the local context and have therefore had success at establishing themselves within a variety of other organisations and service pathways. Whether focusing on hearing loss or visual impairment, being embedded in the audiology pathways or joint visits with rehabilitation officers, the services that have developed do operate very differently, despite having similar core underlying features.

What is apparent is that where it works well, other organisations are clear about what Managing Better is able to provide for older people with sensory loss and do not feel that the caseworkers are 'stepping on their toes'. This clarity about the service and how it complements other existing statutory services is key to successful partnership working. For example, where referral pathways have been developed in audiology, it is clear that the Managing Better service cannot perform the duties of the audiology department (such as conducting hearing tests and providing hearing aids) but can provide an identified need for supporting clients with hearing loss in their own homes. For other health professionals, the Managing Better service was considered an extra resource for referring vulnerable older people in order to ensure they were safe in their homes.

These factors are summarised in three key messages that reflect current practice, but also the journey that Managing Better has been on since 2016:

1. Individual factors such as openness to partnership working and trust in the expertise of the Managing Better caseworker affect success in building relationships between organisations

Relationships between organisations were most effective where the Managing Better caseworker was perceived to have the necessary training and expertise to effectively support older people with sensory loss. Trust in the caseworker to not cause any harm and step over the boundary of what they are trained to do is crucial to successful partnership working and cross referrals. Where the partnerships works well is where there is open and regular dialogue between organisations; individuals are kept up-to-date about any service changes or issues that may affect either services; communication channels and easy and effective; and where the roles and responsibilities of each individual or service has been clearly defined and understood. This is all built on the partnership between the three third sector organisations working – strategically and operationally – closely together to support the caseworkers by providing them with an intensive package of training. This different approach has clearly been effective in building trust and confidence in the service.

2. There is a local context that shapes the extent to which new services can become embedded

It was identified in the evaluation that there are local barriers and enablers to a new service becoming embedded within existing pathways. As statutory services are sometimes tendered out to third sector providers or are being bought 'in-house', there are tensions around 'who does what' as competition increases for finite amounts of funding. Any perceived overlap in roles and duties of services can, therefore, be a barrier to engagement and highlights the importance of consulting with existing services when applying for funding. The engagement of partners from statutory services

during the initial stages of funding applications – rather than after the funding has been secured – should increase the success of any new project being accepted by existing services.

3. The implementation of the Social Services and Well-being (Wales) Act 2014 has created changes in the working practices of health, social care and third sector services

The implementation of the Act has caused a change of working culture within some statutory services and a change in the nature of delivery partners. In that the local authority looks firstly to the individual, family or community services meeting the needs of the individual. The increase in partnership working represents an opportunity for the third sector, such as Managing Better, to develop collaborations with statutory services to best meet the needs of the community.

Overall, it would be fair to say that there have been a number of successes for Managing Better – whether in respect of developing links with audiology, ROVIs, primary care, social prescribing programmes, or in more general links with hospitals. A lot of work has been done in a short space of time and positive, complementary relationships are now in place between key stakeholders. Managing Better is perceived to have a crucial role in providing 'intelligence' to other partners and to help stop people falling through the gaps of the system.

There is a need to continue to improve the partnerships and relationships, at least as far as it is possible for Managing Better to achieve this. Whatever follows, the relationships will be building on solid foundations.

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