GERALD PILKINGTON ASSOCIATES

..... specialists in health and social care

OVERVIEW ON HOMECARE RE-ABLEMENT

HOME CARE IN NORTHERN IRELAND Going forward

Integrated Care Council

Northern Ireland Event May 2015

Homecare Re-ablement – concept into reality

Homecare Re-ablement now established across England, Scotland and Wales

- England: 149 out of 152 councils known to have a service
- Other countries :
  - Australia – established in parts with good academic evidence
  - New Zealand – established in various forms with good academic evidence
  - Denmark– launched it earlier this year
  - Alberta, Canada – considering it as part of their developments

Questions now are - does it

- reach all those people who would benefit ?
- work effectively ?
- work in a cost effective way ?

Operational Review: scope

GPA have undertaken reviews in England, Scotland and Wales: skeleton + local issues

- Processes and documentation
- Pathways
  - Where does re-ablement sit within wider pathways
  - Pathway into, through and out of re-ablement service
- Structure and roles
  - Around service: roles
  - Within service: roles and staffing
  - Skills and training
- Management information

Results of a recent review (1)

- Difference of view on who can benefit from participation in the service and how de-selection is being applied
  - perception that service 'unreasonably' declining numerous cases
- Contract monitoring poor, inconsistent and rarely focused on outcomes / performance
- Unclear pathways from hospital and community
- Contracted hours unlikely to provide degree of flexibility needed: 37 staff on 30 to 35 hrs per week

Results of a recent review (2)

- No comprehensive operational performance or financial reports
- Data quality and consistency issues
- Outcomes similar to many but not matching those of well performing services
  - non completers high at 27% and reduced ongoing packages high at 24% of starters
- Poor recording of contact time through inconsistent use of devices – multiple ‘gaps’

Results of a recent review (3)

- Aver. duration with service very low at 16.5 days
- ‘Discharges’ linear with 21% within first week and 56% by end of third week
- Aver. Contact time as % of paid time very low at 27% (highest level 30%)
- Aver. Contact time per client very low at 19 hrs (highest level at 24 hrs)
- Aver. Cost per contact hour very high

Improvement Plan (1)

1. Led by Asst Director in Council and MD and Ops Manager in service – meetings every 2 wks
2. Initial improvement plan used review findings: focused effort over 3 to 4 mths but some actions taken immediately after the review visits by the service
3. Reviewed and amended service specification
4. Reviewed and refined de-selection criteria and re-published
5. Created clear pathways for community and hospital referrals: ‘as is’ and ‘to be’

Improvement Plan (2)

- Amended rotas to better match hours of demand with capacity
- Implemented changes to use of hand held devices (now 98% compliance)
- Established framework of management info system with dashboard and started using it to identify and address system and data issues
- Capacity and case numbers increased
- Established weekly meetings with care management to address specific operational issues

Results – as at Feb 2015

MEASURE	TIME OF REVIEW	LATEST
Number of cases starting a phase per month	75	145 (varying)
% requiring no ongoing support	37%	50%
Number of clients delayed at end of month	22	28
Contact time (face to face) as % paid time	30%	61%
Average cost per contact hour	£81	£45 and reducing

Outstanding issues underway

- Complete mapping pathways for cases from on-call team and health led community response team
- Changes to staffing within Community Care Management teams to complete assessments on time – some still left with hospital team
- Data issues with Care Management staff not consistently updating system
- Need to move from using data to identify issues to managing the service
- Staff attitudes

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