

Case Study: The introduction of Specialist Homecare Teams

New way of working

Leicestershire County Council

Background

In 1999, the majority of the in-house Homecare service at Leicestershire County Council was providing services comparable to that of other external agencies at double the cost.

There was a clearly defined purchaser and provider split. Commissioning workers carried out assessments of need and drew up care plans, specifying the number, length and timing of calls as well as the tasks that were to be carried out. The emphasis was on minimum intervention and efficiency. This often resulted in 'hurried' calls with providers having no flexibility to tailor the service to meet the service users' preferences – the remit was to stick to tasks in the care plan, except in emergency situations. The commissioning strategy was to allocate the package of care to which ever agency had capacity in that locality. The only exception was child care, this was exclusively in-house as there were no agencies registered to provide services to children.

The pilots

Two pilots were set up within the service to address the cost issue of the in-house Homecare service and to meet the Department of Health's prevention and rehabilitation agenda.

'Promoting Independence' grant funding was used to set up the two pilots:

1. Re-ablement Team

To provide short term (up to six weeks) Homecare services to people who had been identified at the point of assessment by commissioners to have the potential to regain skills of daily living. The focus would be to maximise independence. Any residual on-going Homecare support needed following the team's involvement would be commissioned on from mainstream services.

2. Dementia Team

To provide long term Homecare services to older people with medium to severe mental health problems, working closely with the locality Older People's Community Mental Health Team.

In both pilots, the in-house service had the authority to amend packages of care in response to changing needs and would only refer back to commissioners when a re-assessment of need was required due to significant change in circumstances.

Results of pilots

The pilots were deemed to be successful in terms of improving the quality of services to users and cost-effectiveness:

- Re-ablement Team - in 62% of cases, care was discontinued altogether at or before the first review, compared to 5% in the control group (people who received their care package from mainstream service providers from the outset).
- Dementia Team – people were maintained longer in their own homes, delaying admissions to either hospital or residential care.

Council Members endorsed a specialist model for the in-house service which would focus on the 'interface with health' and a further reduction in the workforce equating to a 10% share of all commissioned Homecare activity in the County.

Specialist Team Model

During the duration of the Re-ablement Team pilot, modifications to the model were made in light of experience.

It was soon recognised that there was no need to limit entry to the team only to those people with an assessed potential for re-ablement – all people newly assessed as needing Homecare support (except for those in the last stages of a

terminal illness, those requiring short term care and people with medium to severe mental health problems) were shown to benefit from the team's involvement. The model was subsequently modified to act as an 'intake' team.

An occupational therapist was linked to the team during the pilot. In time, Homecare Managers and Senior Home Care Assistants were trained to assess for minor aids and adaptations so that they could order such equipment as and when required. Access to occupational therapists in more complex cases is fast tracked to the mainstream locality commissioning teams.

Originally, the aim was to review cases at the point when the Re-ablement Team considered that no further gains would be made from its continued involvement (any time up to 6 weeks). The review was carried out by a member of the Commissioning Review Team. In practice, dependency on the Review Team resulted in a delay. Homecare Managers were trained to carry out reviews themselves, ensuring that they occurred as and when required.

The new structure comprised four specialist teams in each locality:- re-ablement teams, named Homecare Assessment and Re-ablement Teams (HART); Dementia Teams; Child Care Teams and Maintenance.

Key features of new Specialist Homecare Services

- Existing staff transferred to the new structure on an incremental basis – as maintenance cases transferred out, Homecare Assistants were transferred in to the new teams. Homecare Managers, Senior Home Care Assistants and Homecare Assistants could choose which specialism they wished to work in.

There were no changes to job descriptions or titles – the substance of the work remained the same.

- The reduction in the workforce was achieved through natural wastage - when staff left the service, a 'stock take' was carried out and the vacant hours only recruited to if required to build-up or maintain the new teams' capacity.
- Communication was key to successful implementation. Within the in-house home care service, this was through team meetings,

newsletters and one-to-one meetings. Raising awareness amongst commissioners was achieved through information sheets, revised protocols and staff briefings.

- Roll-out across the County took much longer than anticipated. In order for the new teams to be set up, existing maintenance cases had to be transferred out to the independent sector. There were issues of capacity and service user resistance. Both were overcome in time.
- Homecare Brokers were introduced to facilitate the commissioning of packages to the independent sector and make best use of capacity in each locality, ensuring that priority can be given to urgent cases, such as hospital discharges and prevention of carer support breakdown. A new commissioning procedure was introduced.

Benefits

- Service users have improved independence and control of their daily living.
- Carers have re-assurance and support to continue in their role as carers.
- Staff have improved job satisfaction through positive direct impact on service users/carers lives.

Key issues for success

- Recruit willing staff – sell the idea.
- Keep teams small.
- Hold regular meetings – communicate well.
- Have a 'link' worker between office and Homecare Assistants - Senior Home Care Assistants.
- Strive for clarity of role from first visit.
- Foster good relations with commissioning teams.
- Avoid creating dependency – ensure staff know the difference between long and short term involvement.
- Complete the circle – share success stories with the staff.
- Manage risk thoroughly and effectively.
- Ensure recording skills are well developed and maintained.

Further development

This is mainly around unit cost, the service is expensive and there is a need to look at ways of improving efficiency.

For more information contact:

Jane Dabrowska Leicestershire County Council

T: 01509 283640 / 07534 263229 E: jane.dabrowska@leics.gov.uk