

Oxfordshire Adult Health and Social Care Board Detailed performance report

1. Details

Strategic Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

Strategic Lead: Alan Sinclair, Lead Commissioner Older People, County Council

Last updated: 17 May 2013

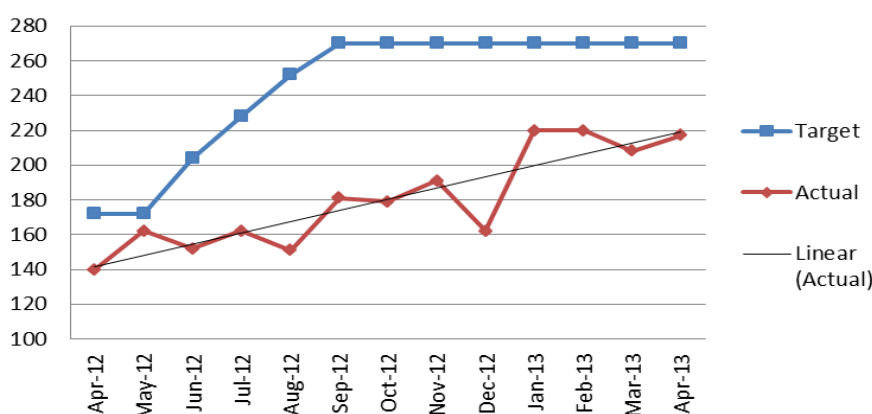
PROGRESS MEASURE: Target of 3,140 people to receive a reablement service in 2012/13. 2,128 people actually received the service in that period.

Current indicator RAG Rating RED

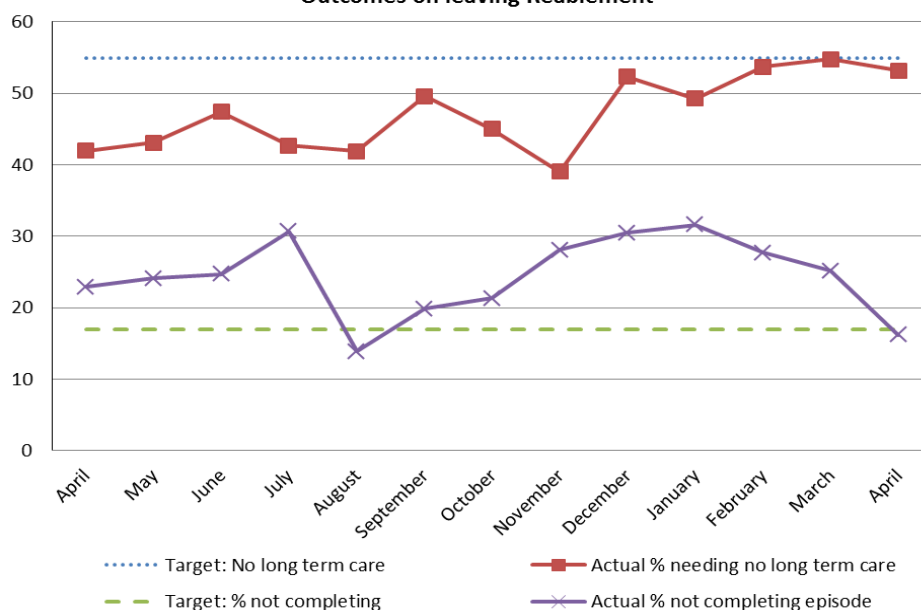
2. Trend Data

The Reablement Service reports to an activity and performance framework of 26 indicators. The three key performance indicators are intake (target 279 per month), the percentage of people leaving the service with no long term care needs (target 55% or higher) and the percentage of people who do not complete their episode of reablement (e.g. due to hospital admission; target 17% or lower).

Number of people who started receiving Reablement



Outcomes on leaving Reablement



3. What is the story behind this trend? - Analysis of Performance

- Intake has improved slightly. Since January the service has consistently seen over 200 people per month. This is still some way off its target of 270 per month. (Financial modelling on the whole system effect of reablement on the amount of home care purchased show that the major factor is the number of people receiving the service, rather than the % leaving with no long term care needs so performance improvement has focussed on improving intake figures.)
- Performance against the outcome performance indicators does seem to have improved though there are some concerns about the reporting of this which are still to be validated.
- Transfers out of the Service continue to work well. There are currently 9 people waiting to transfer out of the Service and only 2 with no planned agency.
- Three reasons were given by the Service for the failure to hit the target on new episodes:
 1. Interface with Oxford University Hospitals Foundation Trust (OUHFT). Although 217 episodes started in the month there were 316 referrals. 127 of these came from the OUHFT. The service reports that only 25% of these referrals end up as being new packages. The reason people do not translate to starts include
 - a. The person is not well when the service arrives to pick them up
 - b. The person has been discharged by a separate service normally Supported Hospital Discharge Service.
 2. Capacity. Although the service believes they have sufficient overall capacity, there is an issue about whether it is the right capacity i.e. in the right place and at the right time to deliver the right care. Although the issues in 1 above explain problems in relation to discharges from the OUHFT it does not explain delays from their own hospitals. This week there are 17 reablement delays and 8 are from community hospitals not the acute.
 3. Lack of community based referrals. There were only 84 community based referrals in the month (against an assumption of half coming from the community so 135 expected). Of the 209 reported new packages in April 109 are recorded as from people in the community who did not go to reablement (as opposed to 69 via reablement; 30 directly from hospitals and 1 from an intermediate care bed).

4. What is being done? - Current initiatives and actions

Actions

Improve interface with OUHFT

Commentary

Actions here have included:

- Working to ensure appropriate paperwork is sent through
- Challenging referrals for people who are not fit
- Ensuring all other parts of the discharge are in place (transport, meds etc.)
- Questioning the role of Supported Hospital Discharge Service
- Attempting to take cases from Supported Hospital Discharge

Actions

Commentary

Service (but the service is apparently unhappy to do this as it will mean they have idle staff)

- Introducing a cut off time (10am) whereby if the patient is not ready they will move their capacity to community services and pick up these cases.

There appear to be significant practical issues in the way teams work together on the interface of hospital discharge, which is affecting performance, wasting resources and providing a poor patient experience.

Capacity

Recruitment figures for the service show no significant increase - in the last two months the number of people employed increased by 0.33 people. The service say this is a misleading indicator as they flex capacity based on people on zero based hours contracts taking more hours.

Increase community referrals

The City Area Service Manager, Melanie Pearce, has promoted the service to County Council locality teams and continues to send weekly emails highlighting capacity in each area.

5. What needs to be done now? - New initiatives and actions

Action	By Whom & By When
Increase community referrals from health professionals by emailing OUHFT teams and GPs	Reablement Service, May & June 2013
Increase community referrals from County Council Social Care teams by promoting specific capacity in each area and looking with teams at why new packages started without clients first receiving reablement	Melanie Pearce, Ele Crichton & Steve Thomas, May & June 2013
Look to identify whether there is a capacity issue by analysing data on all the referrals the service picked up late or did not pick up.	Reablement Service, May 2013
Audit sample of clients who received the service to attempt to identify who does benefit and who does not	Reablement Service and Council, June 2013.