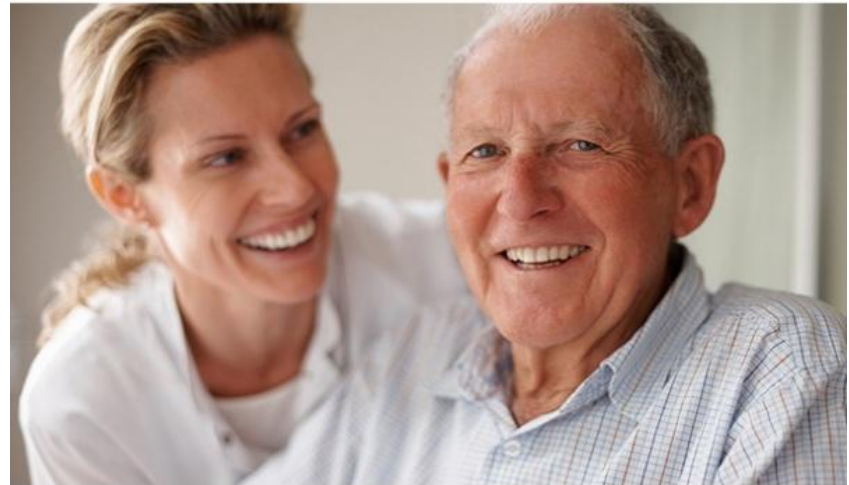


Moving Towards Outcome Based Homecare

Flexible Domiciliary Care



July 2013

Listening this far...

- Transformation Events
- Members
- KCCA Members Meetings/Core Provider Group
- Case Management Workshops
- Co-produced Business Process Walk Through Workshops

What we learnt...

- Acceptance that there was room for improvement
 - Support service users when they most need it - right intervention at the right time
 - Avoid unnecessary hospital and respite/care home admissions and delayed discharges
 - Support capacity issues
 - Providers should be able to flex levels of support without the approval of case managers
 - Listened to operational staff about the pressures on operational staff
 - Professional staff should not spend too much of their time on administration and data input
 - Enablement should be an ethos
 - 100+ providers performing as single entities – encouraging and enabling collaborations to develop
-

Flexing Domiciliary Care – Outcomes...

- Improving individual outcomes for Service Users
- Supporting Service Users out of hospital and back into their communities
- Trusting our service providers and allowing more freedom to make decisions
- Supporting Transformation themes
- Spending public money wisely and ensuring '*every penny counts*'.
- Reducing hospital admission and admission into long term care services
- Supporting Case Management and Health partner capacity pressures

Flexing Domiciliary Care – What is it?...

- The increase in the support provided to a Service User to provide up to 24 hour support for a maximum of 7 days (not just 'hand on' care). This increase is usually initiated by a need/crisis identified by the Service Provider/Care Worker (maybe GP, District Nurse).
- Open to all contracted, 'approved' and individually contracted providers who are providing existing domiciliary care services (and sign up to new contract – subcontracting arrangements available).
- Shift of decision making power to service providers.
- Non – chargeable to the service user.
- Not just 'hands on' care – achieve delivery of outcomes for Service Users.
- Available to all Service Users who fall within the Older People and People with a Physical Disability category and who are in receipt of care package managed and funded by KCC (and are not eligible for an Enablement service).

How does Flexible Domiciliary Care work?...

**Identify
Unplanned Crisis**

**Increase care & support
for individual**

**Complete and send
DMF**

**Confirm additional
interventions**

**Providers can
Raise Request
Re-Assessment
or Intervention
At Any Time**

How do I provide Flexible Domiciliary Care?...

- **Thanet & Dover Launch – (Contract 1st August 13 – 31st July 14)**
- **Service Provider who is either contracted, holds the relevant ‘Approved Provider Status’ and/or is delivering Domiciliary Care Services within the Thanet and Dover locality.**
- **Service Providers must agree and sign up to the Contract Terms and Conditions for Flexible Domiciliary Care, together with the associated appendices:**
 - *Appendix 1 - Flexible Domiciliary Care Specification*
 - *Appendix 2 - Service Provider Letter*
 - *Appendix 3 - Flexible Domiciliary Care Operational Guidance for Service Providers (Dynamic Monitoring Form – Appendix A of this Guidance)*
 - *Appendix 4 - Flexible Domiciliary Care Provider Process Chart*
 - *Appendix 5 - Thanet and Dover Postcode Data*
 - *Appendix 6 - Thanet and Dover Service Provider List*

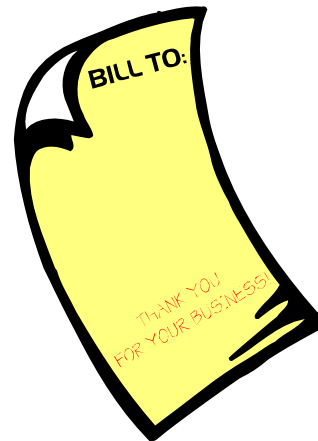
How do I get paid for Flexible Domiciliary Care?...

**TDM ENABLED
(CONTRACTED)**

**Current TDM
Electronic
Invoice System**



Manual Invoice



**NON - TDM
ENABLED
(APPROVED/INDI)**

How will we monitor Flexible Domiciliary Care?...



- **SWIFT**
- **Dynamic Monitoring Form**



- **Improved outcomes for service users**



- **Reduction in unnecessary hospital admissions**



- **Evidence of savings and return on investment**



- **Reduction in unnecessary care home admissions**

When will Flexible Domiciliary Care be rolled out across all localities?...



**Using
Performance
Measures –
Evaluate Pilot
Success & Learn
Lessons**



**Review systems,
tools and
process**

Flexing Domiciliary Care – Exclusions

- Exclusions in Phase 1:
 - Supporting Independence Service
 - Better Homes Active Lives services
 - Extra Care Housing
 - Direct Payments
 - Privately Funded Clients
 - Learning Disability and Mental Health client groups
 - Client eligible for Enablement services

Phase 1 – Where we are

- Dynamic Monitoring Form & Tracker
- Operational and Provider Guidance
- Business Process Flowcharts
- SWIFT Testing
- SWIFT Contract Updates
- SWIFT Performance Monitoring Report Development
- Centralised Purchasing Officers within Access to Resources (Flex specific) recruited
- Centralised telephone number and e-mail box developed
- TDM £999 p/w limit increased to £3000 p/w
- Interim Equipment arrangements underway
- Governance Arrangements and Authorisation Confirmed
- Contract Specification and Terms & Conditions
- Phased Implementation/launch

Further Phases - Developments

- Further implementation phases (if locality approach)
- Extra Care Housing Schemes
- LD/MH Clients
- Supporting Independence Services
- Cementing links to Locality Referral Management Service
- Medication
- Direct access by others – Health/Carers etc
- Deploying Teletechnology
- Direct payments
- Links with VCS

Access to Resources



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